

17900012011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100432268431

07/03/24--01003--008 \*\*35.00

RECEIVED  
CLERK OF STATE  
TAMPA, FL  
JUL 3 2024  
PM 1:20

E 7/03/24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 20 Digits, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P19000018641

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Schmidt

Name of Contact Person

Quarles & Brady, LLP

Firm/Company

411 E. Wisconsin Avenue, Suite 2400

Address

Milwaukee, WI 53202

City/State and Zip Code

jennifer.schmidt@quarles.com

E-mail address: (to be used for future annual report notification)

2009 JUN 3 PM 1:20  
TALLAHASSEE, FL  
DEPT OF STATE

For further information concerning this matter, please call:

Jennifer Schmidt

Name of Contact Person

at (414) 277-5414

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 20 Digits, Inc.  
2. The principal office address: 75 Vineyards Blvd, 4th Floor, Naples, FL 34119

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/19/2018 Document number: P19000018641

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Quarles & Brady  
1395 Panther Lane, Suite 300  
Naples, FL 34109

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.  
2894 Remington Green Lane, Suite A  
P O Box NOT acceptable  
Tallahassee, FL 32308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

**Robert Almond**

Signature of an officer or director

Robert Almond, President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Adam Saldana

Signature of Registered Agent

6/24/2024

Date

If signing on behalf of an entity:

Adam Saldana

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)