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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE HY-OAK SERVICES INC.

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1/1

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

statement of ch	ange is submitted for a corporation orge	02, 607,1508, or 617,1508, Florida Statutes, this mized under the laws of the State of Florida tered agent, or both, in the State of Florida.				
I. The name of	the corporation: HY-OAK SERVICI	ES INC.				
	office address: 7901 4th St N STE					
3. The mailing	address (if different):					
4. Date of incor	poration/qualitication: 04/15/2019	Document number: P19000033401				
	d street address of the current registered rtment of State: (If resigned, enter resig	agent and registered office on file with the ned)				
	UNITED STATES CORPORAT	ION AGENTS, INC.				
	476 RIVERSIDE AVE.					
	JACKSONVILLE, FL 32202					
6. The name an (if changed):	d street address of the new registered ag Registered Agents Inc	ent (if changed) and /or registered office				
	7901 4th St N STE 300	ov NOT acceptable				
	St. Petersburg. FL 33702					
The street address changed will	ess of its registered office and the stree l be identical.	t address of the business office of its registered age				
Such change wauthorized by t	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an officer so officed in writing of the change.				
	in Hyde ire of an officer or director	John Hyde - President Printed or typed name and title				
I furthèr agrée of my dutiès, ai docúment is bei	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ol- ing filed merely to reflect a change in t s been notified in writing of this chang	tutes relative to the proper and complete performa ligation of my position as registered agent. Or, if t he registered office address, I hereby confirm that t				
David X	Dinerts	03/29/2023				
If signing on be	gnathic of Registered Agent chalf of an entity:	Date				
David Robe	•					
	yped or Printed Name					

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