

# PI9000033889

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

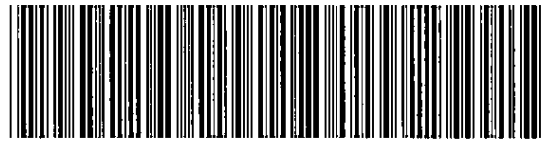
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



## 800330842398

07/02/19--01004--001 \*\*35.00

RECEIVED

JUL 01 2019

FILED

19 JUL -1 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 210  
T SCHRADER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **SOCRATIC SOLUTIONS INC.**  
Name of Corporation

**DOCUMENT NUMBER:** **P19000033889**

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:

**Ryan C Lampel**

Name of Contact Person

**Socratic Solutions Inc.**

Firm/Company

**5611 Tanagergrove Way**

Address

**Lithia, FL 33547**

City/State and Zip Code

**ryan@socraticolutions.us**

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

For further information concerning this matter, please call:

**Ryan Lampel**

Name of Contact Person

at ( **813** ) **408-2690**

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: SOCRATIC SOLUTIONS INC.
2. The principal office address: 5611 TANAGERGROVE WAY, LITHIA, FL 33547
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/16/2019 Document number: P19000033889
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)

Ryan Lampel  
11022 Golden Silence Drive  
Riverview, FL 33579


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

Ryan Lampel  
5611 Tanagergrove Way  
Lithia, FL 33547

P.O. Box NOT acceptable


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.

  
\_\_\_\_\_  
Signature of an officer or director

RYAN LAMPEL - CEO/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.*

  
\_\_\_\_\_  
Signature of Registered Agent

06/28/2019

Date

If signing on behalf of an entity:

RYAN LAMPEL  
Typed or Printed Name

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

FILED  
19 JUL - 1 AM 11:33  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE