

9/29/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

R. White
10/1/20

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: rodrigo.zablah7@gmail.com

REGISTERED AGENT CHANGE IMPACT UNIVERSITY INC

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **IMPACT UNIVERSITY INC**
Name of Corporation

DOCUMENT NUMBER: **P20000009832**

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:

Rodrigo Luna

Name of Contact Person

IMPACT UNIVERSITY INC

Firm/Company

6720 E FOWLER AVE., STE 161

Address

TEMPLE TERRACE, FL 33617 UN

City/State and Zip Code

rodrigo.zablah7@gmail.com

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

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

800 567-4397

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

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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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IMPACT UNIVERSITY INC
2. The principal office address: 6720 E FOWLER AVE., STE 161, TEMPLE TERRACE, FL 33617 UN
3. The mailing address (if different): 6720 E FOWLER AVE., STE 161, TEMPLE TERRACE, FL 33617 UN
4. Date of incorporation/qualification: 1/27/2020 Document number: P20000009832
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)

COLE, LAJUN6720 E FOWLER AVE., STE 161TEMPLE TERRACE, FL 33617

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

URS AGENTS, LLC3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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.

Rodribo Luna
 Signature of officer or director

Rodribo Luna 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.

Kathy Clark
 Signature of Registered Agent

09/29/2020
 Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary

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

CR21045 (03/12)

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