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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 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.

il Address:

SECRETARY OF STATE TALL AHASSEE FOR DRING

REGISTERED AGENT CHANGE BURNT STORE PC CORPORATION

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

statement of change	is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Texas registered agent, or both, in the State of Florida.	
L. The name of the o	corporation: Burnt Store PC Co	rporation	<u> </u>
	ce address: 1817 W Pioneer Dr		
Irving TX 75061			
3. The mailing addre	ess (if different): 7901 4th St N S	STE 300	
St. Petersburg F	FL 33702		
4. Date of incorpora	tion/qualification: 01/29/20	Document number: P20000011246	
	eet address of the current registent of State: (If resigned, enter n	ered agent and registered office on file with the esigned)	
тн	E DOMESTIC MARINE INC		
10	60 WOODCOCK ROAD		
OF	RLANDO, FL 32803		
6. The name and stre (if changed):	eet address of the new registere	ed agent (if changed) and /or registered office	
No	orthwest Registered A	igent LLC RESE	2020
79	01 4th St N STE 300	CRE I	F 11. 2020 JUN -3
	P.O. Be	ox NOT acceptable	- - - -
St	. Petersburg FL 33702	2	
The street address of as changed will be	of its registered office and the sidentical.	street address of the business office of its registered	Parliment .
Such change was au authorized by the be	athorized by resolution duly adoard, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	7
Signature of	an officer or director	Morgan Noble Printed or typed name and title	
I further agree to co performance of my agent. Or, if this do	omply with the provisions of al duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registeres to reflect a change in the registered office address, I	d
long	clove_	06/2/2020	
Signatur	e of Registered Agent	Date	
If signing on behalf	of an entity:		
Tom Glover	and Delivated Minus		
i yped	or Printed Name		

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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