## P21 000022162

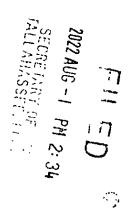
(Re	questor's Name)		
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## REFERENCE # MUST BE ON INVOICE TO BE PAID

## NUMBER PAGES:

Date: July 27, 2022

Cori Ann Crosthwaite

TO:

Florida Department of State

1960

REFERENCE:

1824858

PO Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING: ,

CYFORCE, INC.

File Change of Registered Agent

IN: FL

**PLEASE RETURN:** 

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statu on organized under the laws of the State of <mark>FL</mark> or registered agent, or both, in the State of Florid	
1. The name of	the corporation: CYFORCE, INC		
2. The principal	office address: 733 S. CLAYTON	N AVE. LAKELAND. FL 33801	
4. Date of incor	orporation/qualification: 05/28/2019 Document number: P21000022162		
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	e
	JASON R. LEWIS		
	733 S. CLAYTON AVE.		2022 / SECI
	LAKELAND, FL 33801		SYED 100 -
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office	022 AUG -1 PH 2: SECRETARY OF 1 TO ALLAHASSET FOR
	Rocket Lawyer Corporate Service	es LLC	ις. ω
	155 Office Plaza Drive, 1st Floor		
	Tallahassee, FL 32301	P.O. Box NOT acceptable	
The street addr as changed will	ess of its registered office and the identical.	he street address of the business office of its reg	gistered agent,
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	cer so
Dr. Jan	R. Leus	Jason R. Lewis, President Printed or typed name and title	
I further agree of my duties, ar document is be	to comply with the provisions o	agent and agree to act in this capacity fall statutes relative to the proper and complet t the obligation of my position as registered ag nge in the registered office address, I hereby co c change.	e performance ent. Or, if this infirm that the
Edna Mus	<u> </u>	7.26.22	
Sig	gnature of Registered Agent	Date	

If signing on behalf of an entity:

EDNA PERRY, ASST SECRETARY Rocket Lawyer Corporate Services LLC

Typed or Printed Name

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