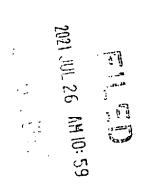
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JUL 27 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 927800 8351547

AUTHORIZATION : - CONCERNA

COST LIMIT : \$ 35.00

ORDER DATE : July 26, 2021

ORDER TIME : 10:0 AM

ORDER NO. : 927800-005

CUSTOMER NO: 8351547

CHANGE OF AGENT

NAME: KINGSLEY ROADSIDE SERVICES

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of ch	provisions of sections 607,0502, 617,05 ange is submitted for a corporation orgo er to change its registered office or regis	mized under the laws of the State	of FL		
	the corporation: KINGSLEY ROADSIDE	•			
2. The principal	office address: BLVD, 14304 CLEARWATER, FL 337	-11			
	poration/qualification: 05/28/2021				
5. The name and	d street address of the current registered rement of State: (If resigned, enter resign	agent and registered office on fil			
	LEGALCORP SOLUTIONS, LLC		~2		
	3440 W HOLLYWOOD BLVD. SUITE	E 415	021.5		
	HOLLYWOOD	FL 33021	U1_ 2		
6. The name and (if changed):	I street address of the new registered ago Corporation Service Company	ent (if changed) and /or registered	2021 JUL 26 AH 10: 59		
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the street be identical.	address of the business office of	of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by otified in writing of the change.	an officer so		
Lita	Laces	Delaun Kingsley, President			
=	e of an officer of director	Printed or typed name a			
I hereby accept I further agree to of my duties, and document is bein corporation has Corporation By:	the appointment as registered agent an o comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	nd agree to act in this capacity, outes relative to the proper and cigation of my position as registe e registered office address, I he 07/26/2021	complete performance ered agent. Or, if this reby confirm that the		
Sign	ature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
	Asst. Vice President				
-21	* * * FILING FE	E: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)