Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000244078 3)))



H230002440783ABC/

| To:    |                                       |             |               |             |  |
|--------|---------------------------------------|-------------|---------------|-------------|--|
|        | Division of C                         | orpo        | orations      |             |  |
|        | Fax Number                            | :           | (850)617-6380 |             |  |
| From:  |                                       |             |               |             |  |
|        | Account Name : REGISTERED AGENTS INC. |             |               |             |  |
|        | Account Numbe                         |             |               |             |  |
|        |                                       |             | (307)200-2803 |             |  |
|        | Fax Number                            | :           | (813)436-5206 |             |  |
|        | email address fo                      |             |               | -           |  |
| annual | report mailings                       | 5 . E       | nter only one | -           |  |
| annual |                                       | 5 . E       | nter only one | -           |  |
| annual | report mailings                       | 5 . E       | nter only one | -           |  |
| annual | report mailings                       | s . E       | nter only one | email addre |  |
| annual | report mailings Address:              | rer         | nter only one | email addre |  |
| annual | report mailings Address:              | TER         | RED AGENT (   | email addre |  |
| annual | report mailings Address:  REGIST BEA  | rer<br>AT T | RED AGENT (   | email addre |  |

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$35.00

## 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 Statutes, the organized under the laws of the State of Florida  | is<br>——        |
|--|--|--|-----------------|
|  | •  | registered agent, or both, in the State of Florida.  |                 |
| 1. The name of t   | he corporation: BEAT THE CLOCK   | (, INC.  |                 |
| 2. The principal   | office address:  |  |                 |
| 3. The mailing a   | ddress (if different):   |  |                 |
| 4. Date of incorp  | Document number: P21000076980  |  |                 |
|  | street address of the current regis<br>tment of State: (If resigned, enter | stered agent and registered office on file with the resigned)  |                 |
|  | HERTEL, CLAYTON W  |  |                 |
|  | 405 S DALE MABRY HWY 415   |  |                 |
|  | TAMPA, FL 33609  |  | 2023            |
| 6. The name and (if changed):                            | street address of the new register   | red agent (if changed) and /or registered office   |                 |
|  | Registered Agents Inc  |  | . ,             |
|  | 7901 4th St N STE 300  |  |                 |
|  |  | P.O. Box NOT acceptable  | <br>- <u>"n</u> |
|  | St. Petersburg FL 33702  |  |                 |
| The street addre<br>as changed will                      | ss of its registered office and the be identical.                          | street address of the business office of its registere   | d agent,        |
|  |  | adopted by its board of directors or by an officer so seen notified in writing of the change.  |                 |
|  | my family family   | Clayton Hertel - President   |                 |
|  | e of an officer or director  | Printed or typed name and title  |                 |
| l further agrée t<br>of my duties, an<br>document is bei | o comply with the provisions of a<br>d I am familiar with and accept (     | gent and agree to act in this capacity.<br>all statutes relative to the proper and complete perf<br>the obligation of my position as registered agent. O<br>ge in the registered office address, I hereby confirm<br>thange. | r, if this      |
| David Paras  |  | 07/12/2023   |                 |
| Sign   | nature of Registered Agent   | Date   |                 |
| If signing on be   | half of an entity:   |  |                 |
| David Roberts  |  |  |                 |
| Ty   | ped or Printed Name  | -  |                 |

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