## Division of Corporations Electronic Filing Cover Sheet

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(((H23000065964 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

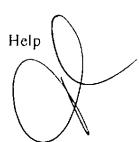
\*\*Enter the email address for this business entity to be used for futurem annual report mailings. Enter only one email address please.

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## REGISTERED AGENT CHANGE **ORIGIN SOURCE INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



## COVER LETTER (((H23000065964 3))) TO: Amendment Section Division of Corporations SUBJECT: ORIGIN SOURCE INC Name of Corporation DOCUMENT NUMBER: P22000016185 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: LOVETTE DOBSON Name of Contact Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 #220 Address HOUSTON, TEXAS 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: . LOVETTE DOBSON 462-3453

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, F1. 32314

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

(((H23000065964 3)))

CR2E045 (04/13)

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

(((H23000065964 3))) 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: ORIGIN SOURCE INC 2. The principal office address: 8818 DICKENS AVE SURFSIDE, FL 33154 8818 DICKENS AVE SURFSIDE, FL 33154 The mailing address (if different): 01/20/2022 P22000016185 Document number: 4. Date of incorporation/qualification: 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) LEGALINC CORPORATE SERVICES INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Yaakov Komar 8818 Dickens Ave P.O. Box NOT acceptable Suifside, FL 33154 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. Yaakov Komar - 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. 02/20/2023 Dote If signing on behalf of an entity: 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
CR2E045 (04/13)
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