

**P217359**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (800) 567-4397  
Fax Number : (800) 567-4398

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

Email Address: ljones@acuative.com

**REGISTERED AGENT CHANGE  
ACUATIVE CORPORATION**

Certificate of Status	0
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: ACUATIVE CORPORATION  
Name of Corporation

DOCUMENT NUMBER: P27359

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:

Lenore Jones

Name of Contact Person

ACUATIVE CORPORATION

Firm/Company

695 ROUTE 46 W STE 305

Address

FAIRFIELD, NJ 07004

City/State and Zip Code

ljones@acuative.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at (800) 567-4397

Area Code & Daytime Telephone Number

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

CR216045 (04/13)

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

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 NJ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACUATIVE CORPORATION
2. The principal office address: 695 ROUTE 46 W STE 305, FAIRFIELD, NJ 07004
3. The mailing address (if different): 8237 DOW CIR., STRONGSVILLE, OH 44136
4. Date of incorporation/qualification: 12/19/2089 Document number: P27359
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)

REGISTERED AGENT SOLUTIONS, INC.2894 REMINGTON GREEN LANE, SUITE ATALLAHASSEE, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC3458 Lakeshore DriveP.O. Box NOT acceptableTallahassee, FL 32312

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.

Patrick J. Dana CFO  
Signature of officer or director

Patrick J. Dana, CFO

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.

Kathy Clark  
Signature of Registered Agent

7/29/2024

Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary

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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