## P96000027960

	(Requestor's Name)					
	(Address)					
	(City/State/Zip/Phone #)					
	PICK-UP WAIT MAIL					
1	(Business Entity Name)					
	(Document Number)					
Certified Copies Certificates of Status						
	Special Instructions to Filing Officer:					

Office Use Only



300349501363

08/66/25 HB1013-HB25 ## 75.00

2020 AUG -6 AH II: 3C SECRETARY OF STATE

JQ 09/30/20

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

statement of chi	mge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of <mark>Flor</mark> egistered agent, or both, in the State of Flori	ida		
1. The name of	the corporation: Designated, Inc	· · · · · · · · · · · · · · · · · · ·			
2. The principal	office address: 8624 N Himes Avenu	e, Tampa FL 33614			
3. The mailing a	address (if different): PO Box 271508	3, Tampa FL 33688			
4. Date of incor	poration/qualification: 3/25/1996	Document number: P9600002796	0		
5. The name and		red agent and registered office on file with th			
	Gary J Johnson		613	~	
	1208 W Charter Street		1000 1000 1000 1000 1000 1000 1000 100	2020 AUS	
	Tampa, FL 33602		TAI AH	9-3[	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				6 AM 11: 30	
	Anthony J Giudicy		짇鴑	: 3	
	8624 N Himes Avenue		1.5.1	_	
		O Box NOT acceptable			
	Tampa, FL 33614				
The street addre as changed will	ss of its registered office and the su be identical.	reet address of the business office of its reg	istered ag	gent,	
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of directors or by an offic n notified in writing of the change.	er so		
Law	Educas	Karen Edwards, CFO			
Signatur	e of an officer or director	frinted or typed name and title	<del>-</del>		
I hereby accept of the large of	the appointment as registered agen to comply with the provisions of all the I am familiar with and accept the Ing filed merely to reflect a change it been notified in writing of this char	t and agree to act in this capacity, statutes relative to the proper and complete obligation of my position as registered age n the registered office address, I hereby co. nge.	e perform ent. Or if nfirm that	ance this the	
Melf		7/27/2020			
	afore of Registered Agent	Dáte			
Anthony Giudicy	-				
	ped or Printed Name				

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