

P96000091445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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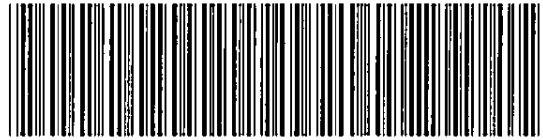
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Replay Systems, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000091445

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:

Scott Hurley

Name of Contact Person

Replay Systems, Inc.

Firm/Company

4443 Pine Tree Dr

Address

Boynton Beach, FL 33436

City/State and Zip Code

scott.hurley@replaysystems.com

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

For further information concerning this matter, please call:

Scott Hurley

at (954) 267-9199

Name of Contact Person

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

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

1. The name of the corporation: Replay Systems, Inc.
2. The principal office address: 4443 Pine Tree Dr Boynton Beach, FL 33436
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 11/01/1996 Document number: P96000091445
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)

Hurley, Scott

4800 North Federal Highway Suite 104B

Boca Raton, FL 33431

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

Hurley, Scott

4443 Pine Tree Dr

P.O. Box NOT acceptable

Boynton Beach, FL 33436

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.

Scott Hurley

Signature of an officer or director

Scott Hurley, 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.

Scott Hurley

Signature of Registered Agent

07/30/2025

Date

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)