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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 164676 7572690						
AUTHORIZATION :						
COST LIMIT : \$ 35.00						
ORDER DATE: November 29, 2022						
ORDER TIME : 9:22 AM						
ORDER NO. : 164676-015						
CUSTOMER NO: 7572690						
CHANGE OF AGENT						
NAMES AT GOTON, GENERAL GODDON STON						
NAME: MISSION SEARCH CORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
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CONTACT PERSON: Alexxis Weiland EXT#						

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo ir to change its registered office or regis	anized under the lav	vs of the State of <u>F</u>	Florida
1. The name of t	he corporation: MISSION SEARCH CO	ORPORATION		
	office address: 2203 N. Lois Ave, Suite		33607	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 9/13/1999	Document r	umber: P990000	82473
	street address of the current registered tment of State: (If resigned, enter resign		d office on file wit	h the
	John Astrab			
	2303 N. LOIS AVE., #1100			
	Tampa	FL	33607	202
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and	d /or registered offi	.022 HOV 30
	Corporation Service Company			
	1201 Hays Street			Pil 4: 2
		ox NOT acceptable		26 []][
	Tallahassee	FL	32301	1.1
The street addre as changed will	ss of its registered office and the stree be identical.	et address of the bus	siness office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, ar the corporation has been n	ed by its board of d totified in writing o	lirectors or by an of of the change.	officer so
1		Mark Siegel		Vice President
()	e di an officer or director		ed or typed name and title	
l further agrée t of my duties, and document is beir corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang n Service Company	nd agree to act in t itutes relative to th bligation of my posi he registered office e.	this capacity. e proper and comp ition as registered e address, I hereby	plete performance agent. Or if this a confirm that the
By: (Ulxni	3 Weiter assistant varios earl	11/30/2022		
_	nature of Registered Agent half of an entity:		Date	
ir aigining on ooi	inais of all chiniss.			
Ту	ped 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)