

F12 000000 3795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

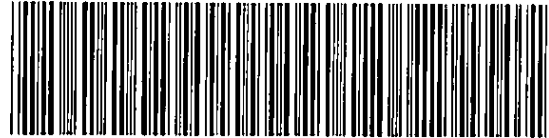
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2024 JAN 17 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 JAN 17 PM 4:36
STATE
TALLAHASSEE, FL

R. HUNT

01/11/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/16/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1219211

ORDER ENTITY
HERCUTECH INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
HERCUTECH INC. (FL)

File the attached change of agent document

RECEIVED
FLORIDA DEPARTMENT OF STATE
JAN 17 PM 4:36
TALLAHASSEE, FL

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERCUTECH INC.
Name of Corporation

DOCUMENT NUMBER: F12000003795

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:

Jodi Avianantos

Name of Contact Person

HERCUTECH

Firm/Company

8980 S. McKemy St., Suite 101

Address

Tempe, AZ 85284

City/State and Zip Code

jodi.avianantos@hercutech.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
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

2011 9 17 PM 4:36
FL STATE
TALLAHASSEE, FL

ED

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

1. The name of the corporation: HERCUTECH INC.
2. The principal office address: 8980 S. McKemy St., Suite 101 Tempe, AZ 85284
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/14/2012 Document number: F12000003795
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)

NORTHWEST REGISTERED AGENT LLC.

7901 4TH STREET N, SUITE 300

ST. PETERSBURG, FL 33702

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

Incorporating Services, Ltd.

1540 Glenway Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

DEPT. OF STATE
TALLAHASSEE, FL

2024 JAN 17 PM 4:36

ED

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.

[Signature]

Signature of an officer or director

Ken Ritzman, CEO

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.

[Signature]

Signature of Registered Agent

1/16/2024

Date

If signing on behalf of an entity:

Melissa A. Moreau, 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)