

7/13/2021

# F16000003499

Division of Corporations

## 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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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### REGISTERED AGENT CHANGE OPEN PRESENCE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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

- 1. The name of the corporation: OPEN PRESENCE, INC.
2. The principal office address: 100 7TH STREET SOUTH SAINT PETERSBURG, FL 33701
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/04/2016 Document number: F16000003499
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)

BRITTON, BRENT
400 N TAMPA STREET STE 2840
TAMPA, FL 33602

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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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 of an officer or director: Stephen Rice, Vice President and Secretary

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.

By: Laura R. Broderick, Signature of Registered Agent, Date: 07/09/2021

If signing on behalf of an entity:
Laura R. Broderick, 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)