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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

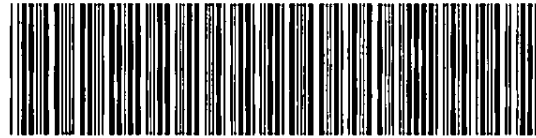
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HorizonPSI, Inc.
Name of Corporation

DOCUMENT NUMBER: F16000004680

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:

Crystal Hawthorne
Name of Contact Person

HorizonPSI, Inc.
Firm/Company

1101 Horizon Dr
Address

Lawrence, KS 66046
City/State and Zip Code

Chawthorne@horizonpsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Hawthorne at (785) 842 1299
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

- 1. The name of the corporation: HorizonPSI, Inc.
2. The principal office address: 2594 SW River Shore Dr Port St. Lucie FL 34984
3. The mailing address (if different): 1101 Horizon Drive Lawrence, KS 66046
4. Date of incorporation/qualification: 10/16/2016 Document number: F16000004680

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)

THOMAS LOUIS GUENTHER
147 WESTERN STREET
FREEPORT, FL 32439

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

JAMES KENNETH MOYER
2594 SW River Shore Dr
Port St. Lucie FL 34984
P.O. Box NOT acceptable

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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]
Signature of an officer or director

Asst. Secretary
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

8/13/2019
Date

If signing on behalf of an entity:

JAMES K. MOYER
Typed or Printed Name

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