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Florida Department of State  
Division of Corporations  
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From: Account Name : COURT ACCESS CENTERS OF AMERICA  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Maryrobinson1987@gmail.com

S TALLENT  
JUN 06 2018

REGISTERED AGENT CHANGE  
HIRIDGE SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

- 1. The name of the corporation: HIRIDGE SERVICES, INC.
2. The principal office address: 14020 MADISON WILLISTON, ND 58801
3. The mailing address (if different): PO BOX 11440 WILLISTON, ND 58803
4. Date of incorporation/qualification: 10/29/2015 Document number: P15000088746

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)

COURTACCESS CENTERS OF AMERICA INC.
3812 W LINEBAUGH AVE #102
TAMPA, FL 33618

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

COURTACCESS CENTERS OF AMERICA INC.
13046 RACE TRACK ROAD, 131
TAMPA, FL 33626
P.O. Box NOT acceptable

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.

DocuSigned by: [Signature]
Signature of an officer or director

MITCHEL ROBINSON, 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.

DocuSigned by: [Signature]
Signature of Registered Agent

06/03/2018
Date

If signing on behalf of an entity:

PRESIDENT
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