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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter the email address for this business entity to be used for future 8 annual report mailings. Enter only one email address please. **

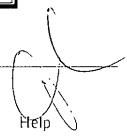
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REGISTERED AGENT CHANGE E. W. SIVER AND ASSOCIATES, INC.

	•
Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporat	2. 617.0502, 607.1508, or 617.1508, Florida Statutes, ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	this
1. The name of	the corporation; E.W. Siver and	Associates, Inc.	
2. The principal			
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 01/28/77	Document number: 524647	
	I street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	ERICKSON, GEORGE W.		
	801 94th Avenue North #202		~)
	ST PETERSBURG, FL 33702	Ä:	2024 MA R
6. The name and (if changed):	4 street address of the new regis	tered agent (if changed) and /or registered office 3	<u></u>
	Registered Agents Inc	200	3
	7901 4th St N STE 300	77	AM 9: 00
		P.O. Box NOT acceptable	0
	St. Petersburg FL 33702		
The street address changed will	ess of its registered office and to be identical.	the street address of the business office of its register	red agent,
Such change wa authorized by th	is authorized by resolution dulie board, or the corporation has	y adopted by its board of directors or by an officer s s been notified in writing of the change.	o
Ges	rge brickson	George Erickson - VTSD	
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered o comply with the provisions o	agent and agree to act in this capacity. of all statutes relative to the proper and complete per of the obligation of my position as registered agent, nge in the registered office address, I hereby confir	rformance Or, if this m that the
David Advents		03/08/2024	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
Τ,	ped or Printed Name		

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