F9500003423

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer | | | | | |
| | | | | | |
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Office Use Only



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ALLAHASSEE, PIL

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2021 SEP 14 AM 8: 39

RECEIVED

Sugar

. CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 988553 8346679 | | | | | | |
| AUTHORIZATION: Spulle man | | | | | | |
| COST LIMIT : \$ 35.00 | | | | | | |
| | | | | | | |
| ORDER DATE : September 3, 2021 | | | | | | |
| ORDER TIME : 6:01 PM | | | | | | |
| ORDER NO. : 988553-002 | | | | | | |
| CUSTOMER NO: 8346679 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| NAME: KURISU INTERNATIONAL, INC. | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | | |
| EXAMINER'S INITIALS: | | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| sicilement of ci | e provisions of sections 607.0502, hange is submitted for a corporatio der to change its registered office o | n organized under the l | aws of the State | of Oregon | is | |
|--|---|---|--------------------------------|--|-----------------------------|--|
| | f the corporation: KURISU INTERN | | om, in ine siate | e oj rioriaa. | | |
| | ıl office addr ess: 7175 SW Bevelar | | | | | |
| 3. The mailing | address (if different): P.O. BOX 23 | 3907, PORTLAND, OR | 97281 | | | |
| | incorporation/qualification: 07/17/1995 Document number: F95000003423 | | | | | |
| 5. The name an Florida Depart | d street address of the current regis artment of State: (If resigned, enter | stered agent and register | | | | |
| | REGISTERED AGENT SOLUT | TONS, INC. | | | | |
| | 155 OFFICE PLAZA DR., STE | Α | | | | |
| | TALLAHASSEE | FL | . 32301 | | | |
| 6. The name and (if changed): | d street address of the new register | ed agent (if changed) an | d /or registered | d office | | |
| | Corporation Service Company | | | 127 | - ;** | |
| | 1201 Hays Street | | | | est : | |
| | | P.O. Box NOT acceptable | | | Į. | |
| | Tallahassee | FL | 32301 | SSS = | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the bu | siness office o | 1 1 1 | agent, | |
| Such change was authorized by the | s authorized by resolution duly a e board, or the corporation has be | dopted by its board of cen notified in writing o | lirectors or by of the change. | an officer so |) | |
| Signatur | t of the officecoor director | Hoichim | Kunsu ed or typed name ar | od title | | |
| of my duties, an document is being corporation has | the appointment as registered ago o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch I Service Company | u statutes retaine to in te obligation of my pos s in the registered office | | complete perfor cred agent. Or reby confirm th | mance if this hat the | |
| By: Dec | ien Y-Kyble | 07/19/2021 | | | | |
| If signing on bel | nalf of an entity: | | Date | | | |
| _ | • | | | | | |
| | Asst. Vice President ped 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)