P0300053250

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	12000000195			
REFERENCE	:	619804	8282643		
AUTHORIZATION	:				
COST LIMIT	:	\$35000 Ce	na.		
ORDER DATE : April 13, 2022		/-			
-					
ORDER TIME : 1:08 PM					
ORDER NO. : 619804-005					
CUSTOMER NO: 8282643					
	- - -				
CHANGE OF AGENT					
NAME: FRIENDS MARKETING INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland EXT#					

EXAMINER:

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

	_ <u>-</u>	gistered agent, or both, in the State of NG INC	i lorida.
	he corporation: FRIENDS MARKETI		
2. The principal	office address: 148 EASTERN BLVI GLASTONBURY, CT	· ·	
	<u></u>		 -
_	ddress (if different);		0050050
•		Document number: P0300	·
	I street address of the current register timent of State: (If resigned, enter res	ed agent and registered office on file vigned)	with the
	CLASP INC	RESIGNED -	2022
	3001 TAMIAMI TRAIL NORTH SU	JITE 400	
	NAPLES, FL 34103		<u>-</u> 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			office
	Corporation Service Company		. .
	1201 Hays Street		_
	P.O	. Box NOT acceptable	
	Tallahassee	FL 32301	_
The street address changed will	ss of its registered office and the str be identical.	eet address of the business office of	its registered agent
Such change wa authorized by th	is authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by a i notified in writing of the change.	n officer so
Garoli	d C. Miller	1 '	25iden+
_	re of un officer or director	Printed or typed name and	
	the appointment as registered agent o comply with the provisions of all s of I am familiar with and accept the ing filed merely to reflect a change it been notified in writing of this char n Service Company	l and agree to act in this capacity, statutes relative to the proper and co obligation of my position as register n the registered office address, I her ige.	mplete performanc ed agent. Or, if thi eby confirm that the
By: (llixuis	Walfin Lassisman valves et and nature of Registered Agent	04/13/2022	
	half of an entity:	5-1 1	
Т;	rped or Printed Name		

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