Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future

Email	Address:		

annual report mailings. Enter only one email address please.**

REGISTERED AGENT CHANGE SOFIDEL AMERICA CORP.

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

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Su on organized under the laws of the State of <mark>Fl</mark> or registered agent, or both, in the State of Flo	orida		
	the corporation: Sofidel America	C ,			
	office address: 300 Welsh Rd. Bu				
3. The mailing a	ddress (if different):				
4. Date of incorp	Document number: P12000071	735			
5. The name and		gistered agent and registered office on file with			
	CORPORATION SERVICE CO	MPANY			
1201 HAYS STREET					
	TALLAHASSEE, FL 32301	ered agent (if changed) and /or registered offic	TALL!		
6. The name and (if changed):	2025 FEB 12 AM 8: 36				
	United Agent Group Inc.		EST E		
	801 US Highway 1		3: 36 ORIII		
P.O. Box NOT acceptable					
	North Palm Beach, FL 33408				
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of its	registered agent,		
Such change wa	is authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so		
Lam Ulumil		Luigi Lazzareschi, President,	Luigi Lazzareschi, President,		
•	e of an officer or director	By: Lauren Underwood, Attorney-in Printed or typed name and title	-Fact		
I further agree i of my duties, an	o comply with the provisions of d I am familiar with and accept	agent and agree to act in this capacity, fall statutes relative to the proper and comp t the obligation of my position as registered age in the registered office address, I hereby change.	agent. Or. if this		
Lam Ullen		02/12/2025			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Lauren Underwo	od. Special Secretary				
T	sped or Printed Name				

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