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(((H230001689343)))



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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 : (855)330-1010

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

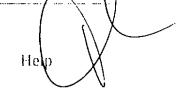
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## REGISTERED AGENT CHANGE THREE BEARS SOLUTIONS INC.

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

statement of che	inge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida S organized under the laws of the State of $\frac{F}{F}$ registered agent, or both, in the State of $F$ .	lorida	
	the corporation: Three Bears S		1177 11114.	
	office address: 1007 N Federal	nwy Sie # 255	<del></del>	
	lale FL 33304			
		deral Hwy Ste # 235 Fort Lauderd		3304
4. Date of incor	poration/qualification: 01/14/201	Document number: P16000	005336	
	I street address of the current registement of State: (If resigned, enter t	tered agent and registered office on file wit resigned)	th the	
	Medjedovic, Vladimir			
	650 TENNIS CLUB DR	, APT 302		
	FORT LAUDERDALE.	FL 33311		
6. The name and street address of the new register (if changed):		ed agent (if changed) and /or registered off	SECRETA TALLAI	2023 HAY -9
	Registered Agents Inc		. <del>*</del>	9
	7901 4th St N STE 300		305	A
		P.O. Box NO Facceptable	ಗಳ ಗಳ	ထဲ
	St. Petersburg FL 3370	)2	I E	<u>ა</u>
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	registered	agent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an cen notified in writing of the change.	officer so	
Muine	Appiano M	Vladimir Medjedovic, P		
<del>-</del>	re of an officer or director	Printed or typed name and titl	le .	
l further agree i of my duties, an document is bei	to comply with the provisions of a id I am familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	t agent. Or.	. if this
Danie	1. Roberts.	05/05/2023		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
David Robe	erts			
1	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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