Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000184013)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

r11	Address:			
Ciliatt	Address:			

## REGISTERED AGENT CHANGE OB LIGHTBURN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

J. HORNE

JAN 18 2023

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

OB LIGHTBURN, INC.
Name of Corporation

DOCUMENT NUMBER: P18000066062

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Trm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
Tity/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Vanessa Castillo
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FŁ 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of char	provisions of sections 607,0502, 617,050 age is submitted for a corporation organ to change its registered office or regist	nized under the laws of the State of	Florida					
	to change its registered office or regist the corporation: OB LIGHTBUF	-	rtorida.					
2. The principal of	office address: 6235 Lightburn FL 34113							
	ldress (if different): 1175 York A	Ave, Apt 15H New Yo	rk, NY 10065					
	oration/qualification: 7/31/2018	Document number: P180						
5. The name and	street address of the current registered a ment of State: (If resigned, enter resigne	igent and registered office on file w						
	BLUMBERGEXCELSIOR COR	RPORATE SERVICES, INC	).					
·	155 Office Plaza Dr	1st FL	<b>2023</b> SE TAL					
•	Tallahassee,	FL 32301	ZOZ3 JAN SECRETA					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.								
•	155 Office Plaza Dr.	Suite A	- · · · · · · · · · · · · · · · · · · ·					
-	Tallahassee F	c NOT acceptable L 32301	<u>-</u>					
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.								
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.								
/s/ Oscar	Blandi of an officer or director	Oscar Blandi Printed or typed name and to	Authorized Person					
I hereby accept to I further agree to of my duties, and document is bein corporation has i	he appointment as registered agent an ecomply with the provisions of all state I am familiar with and accept the oblig g filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity utes relative to the proper and con igation of my position as registered e registered office address. I herel	pplete performance d agent. Or, if this by confirm that the					
Moderna	- · · · ·	1/16/2023						
Signa	ture of Registered Agent	Date	···					
If signing on beh	alf of an entity:							
Mackenzie Hart, A	· · · · · · · · · · · · · · · · · · ·							
Тур	ed or Printed Name  * * * FILING FE	E: \$35.00 * * *						