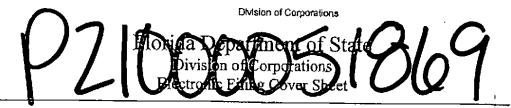
7/9/2021



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(((H21000265323 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

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

Email Address: DOCUMENTS@INCORP.COM-

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REGISTERED AGENT CHANGE NEON ENERGY DRINK COMPANY

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Page Count	02
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COVER LETTER

(((H21000265323 3)))

TO:

Amendment Section Division of Corporations

SUBJECT: Neon Energy Drink Company
Name of Corporation

DOCUMENT NUMBER: P21000051869

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:

Patti Sillyman
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code

For further information concerning this matter, please call:

processing@incorp.com

E-mail address: (to be used for future annual report notification)

Patti Sillyman on behalf of InCorp Services, Inc.

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, FL 32314 Street Address:
Amendment Section
Division of Corporations

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CR2E045 (04/13)

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STATEMENT OF CHANGE OF REGISTERED OF FOR CORPORATIONS	FFICE OR REGISTERED AGENT O (H210002)))	1	
Pursuant to the provisions of sections 607.0502, 617.0502			ا((د
statement of change is submitted for a corporation organiz		- L	
in order to change its registered office or register		- ;	_
	•	1	
1. The name of the corporation: Neon Energy Drink Co			
2. The principal office address:			_
3. The mailing address (if different):			_
4. Date of incorporation/qualification: 06/02/2021		051869	
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	ent and registered office on file with the	ı	
REA, DAKOTA R			
410 SE 16TH CT #212			
FORT LAUDERDALE, FL 33316			
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office	DEGREGATION OF THE ATTACK	2021 JUL 27
InCorp Services, Inc.		30.5	JL 2
17888 67th Court North			
P.O. Box 1	NOT acceptable	<u>つ</u> かい。	AH
Loxahatchee, FL 33470		整国	က်
The street address of its registered office and the street as changed will be identical.	ddress of the business office of its registe	ered agen	nt,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been noti-	by its board of directors or by an officer : fied in writing of the change.	80	
* 1)8	Dakota Rea, President		
agnature of an other of director	Printed or typed name and title		-
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete pe ation of my position as registered agent, registered office address, I hereby confir	erforman Or, if th rm that th	ce us re
pagagna	July 8, 2021		_
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Isabel Burgos on behalf of InCorp Services, Inc.			
Typed or Printed Name			•
* * * FILING FEE	(((::2:0502	65323	3)))
MAKE CHECKS PAYABLE TO FLOR MAIL TO: DIVISION OF CORPORATIONS, P.O CR2E045 (04/13)	DA DEPARIMENT OF STATE DE BOX 6327, TALLAHASSEE, FL 32314	1	