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.

(((H23000228102 3)))



H230002281023ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE BOXER US, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

| statement of cha | provisions of sections 607.0502, 617.0 ange is submitted for a corporation or | ganized under the laws of the State | of Florida | |
|--|--|--|--|----------------------------|
| | er to change its registered office or registered or | usterea agent, or both, in the state | oj r iorida. | |
| | office address: 200 S. BISCAYNE BL | VD, SUITE 3250, MIAMI, FL 33131 | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incoη | poration/qualification: 05/19/2023 | Document number: P2300 | 00040014 | |
| 5. The name and | d street address of the current registere rtment of State: (If resigned, enter resi | ed agent and registered office on file | | |
| | CT CORPORATION SYSTEM | | | |
| | 1200 S. PINE ISLAND ROAD | | | |
| | PLANTATION, FL 33324 | | | |
| 6. The name and (if changed): | d street address of the new registered a Corporate Creations Network Inc. | gent (if changed) and /or registered | 2023 JUN 27 | |
| | 801 US Highway I | | | - 70 |
| | | Box_NOT acceptable | | د±≃ي د |
| | North Palm Beach, FL 33408 | | A | ું કે ફે (===) |
| The street addre | ess of its registered office and the stre be identical. | eet address of the business office c | of its registered a | agent, |
| Such change wa authorized by th | as authorized by resolution duly ador he board, or the corporation has been | nted by its board of directors or by notified in writing of the change. | an officer so | |
| Tymberlyn Teefay Sphature of an opticer or director | | Tymberlyn Teefey, Attorney-in | | |
| | | Printed or typed name as | nd title | |
| l Jurther agree i of my duties, an document is bei | the appointment as registered agent to comply with the provisions of all s id I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan | tatutes relative to the proper and c obligation of my position as registe of the registered office address. I he | complete perfors ered agent. Or ereby confirm th | mance if this at the |
| Tyn | nberlyn Teafey | 06/27/2023 | | |
| O Sign | nature of Registered Agent | Date | | |
| lf signing on be | half of an entity: | | | |
| Tymberlyn Teefe | ey, Special Secretary | | | |
| T: | yped or Printed Name | | | |

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