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	Division of Corporations		
	Fax Number : (850)617-6380		
From:			
	Account Name : REGISTERED AGENT SC	DLUTIONS INC	ĹΠ
	Account Number : I20100000062		Ċ,
	Phone : (888)705-7274		77. 113
	fax Number : (888)706-7274		- 77
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Electronic Filing Menu

Estimated Charge

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\$35.00

COVER LETTER

TO: Amendment Section Division of Corporations ESPINAR, INC. Name of Corporation P97000065091 **DOCUMENT NUMBER:** 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo Name of Contact Person

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

CR2E045 (04/13)

⊙ 08/03/2022 9:11 AM ·

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

→ 18506176380

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation er to change its registered office or i	organized	under the la	ws of the State of	Florida	iis ———	
1. The name of	the corporation: ESPINAR, INC. office address: 8899 NW 18TI	D		•			<u>-</u>
	address (if different):						_
4. Date of incorp	poration/qualification: 7/28/199	7	_ Document	_{number:} P970	0006509	1	_
5. The name and	d street address of the current regist rtment of State: (If resigned, enter n	ered agent					
	INCORP SERVICES	, INC.					
	17888 67TH COURT NOR	тн					
	LOXAHATCHEE		FL	33470	- - 38	2022	
6. The name and (if changed):	d street address of the new registere Registered Agent Solu	-	-	d/or registered c	THE AHASSI	2022 AUG -3 AI	
	155 Office Plaza Dr.		Suite A		ST.	AM II:	
	Tallahassee	P.O. Box NOT	racceptable 3230	1		28	
The street address changed will	ess of its registered office and the libe identical.	street addr	ess of the bu	isiness office of	its registere	d agent	t.
Such change was	as authorized by resolution duly ache board, or the corporation has be	lopted by en notifie	its board of din writing	directors or by a of the change.	n officer so		
ISI MILCIADE	ES V PACHAS are of an other or director		CIADES	V PACHAS	Authoriz		ner
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered ago to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ll statutes ie obligati : in the res	ree to act in	this canacity		ormano Or, if th that th	ce is e
Hockey	z idt	0	8/03/202	2			
Sig	mature of Registered Agent	_		Date			
If signing on bo	chalf of an entity:						
	, Assistant Secretary						
Т	yped or Printed Name *** FILIN	G FEE: S	35.00 * * *				