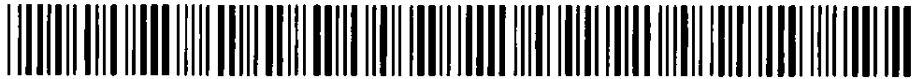


P 97 0000 65091

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
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

2023 AUG 10 AM 11:47

REGISTERED AGENT CHANGE  
ESPINAR, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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H23000277388 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Espinar, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P97000065091

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:

Jackie DeFilippis  
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  
Documents@incorp.com

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

For further information concerning this matter, please call:

Jackie DeFilippis on behalf of InCorp Services, Inc. at 800-246-2677  
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

CR2E045 (04/11)

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

Pursuant to the provisions of sections 607.0202, 617.0202, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida

- 1. The name of the corporation: Espinar, Inc.
2. The principal office address: 8899 NW 18TH TER SUITE 200, Dorai, FL 33172
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/28/1997 Document number: P97000065091
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State (if resigned, enter resigned)

REGISTERED AGENT SOLUTIONS, INC.
2894 Remington Green Lane Suite A
Tallahassee, FL 32308

- 6. The name and street address of the new registered agent (if changed) and its registered office (if changed):

InCorp Services, Inc.
3458 Lakeshore Drive
Tallahassee, FL 32312

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.

Signature of Registered Agent

Milciades Pachas, Authorized Signer
PRINCIPAL REGISTERED AGENT

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

08/09/2023

If signing on behalf of an entity:

Louise Brestanbach on behalf of InCorp Services, Inc.
Type of Entity Name

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

PLEASE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E04709413)

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