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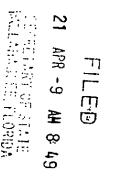
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COVER LETTER

TO: Registration Section Division of Corporations	
1272875 Ontario Inc.	
	me of Alien Business Organization)
Dear Sir or Madam:	
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Agent/Registered Office for Alien Business Organization and
Please return all correspondence concerr	ning this matter to the following:
ALI KHAN	
(Name of Person)	
STRACHAN-KHAN REGISTERED AGE?	NTS, INC
(Firm/Company)	
4700 NW BOCA RATON BLVD, #304	
(Address)	
BOCA RATON, FL 33431	
(City/State and Zip Cod	e)
For further information concerning this i	matter, please call:
ALI KHAN	561 241-9991 at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	mount:
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505. FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

.	NTARIO INC.		
09/22/1999		(Name of alien business organization) 3. Q99000000081	NONE 4.
	da registration date) IMERS ROAD, NOF	(Florida document number) RTH YORK, ON M2J 1P9 , CANAD/	(FEI Number, (l'applicable) A.
		(Principal office address)	
. Name and	_	d agent and office currently on reco	ord with this office:
	4710 NW BOCA RA	ATON BLVD., #101	
	BOCA RATON, FL	33431	
. New regist	ered agent and/or o	ffice address:	
	STRACHAN-KHAI	N REGISTERED AGENTS, INC.	21
	4700 NW BOCA RA	ATON BLVD., #304	APR
	BOCA RATON, FL	33431	9
	(Note:	Registered office must be a Florida street	(address)
registered a Such chang	ngent are identical. ge was authorized to by the board of direction of the board of direction of the board o	by the board of directors or an officectors. Induire of chairman, vice chairman, or officectors and capacity of person signing in number of chairman.	cer of the corporation so
2 61			oci to apovei
I hereby a		gent, 11 applicable: nent as registered agent. I am fam: 505, Florida Statutes.	iliar with and accept the
(Athan		4/5/21
71	egistered agent acceptii	ig appendinciji)	/ yOate)

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314