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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

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REGISTERED AGENT CHANGE APPLICATION ORIENTED DESIGNS, 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

1. The name of	the corporation is: Application	n Oriented Designs, Inc.					
2. The principal	office address: 1200 SW 1451	th Avenue, Suite 310					
Pembroke P	ines FL 33027						
3. The mailing	address (if different): 1200 SV	W 145th Avenue, Suite 310					
	ines FL 33027	· · · · · · · · · · · · · · · · · · ·					
4. Date of incor	poration/qualification: 9	0/8/1977 Document Number:	544764				
5. The name an		registered agent and registered office on f	ile with the				
	RODRIGUEZ, JORGE R		~				
	1200 SW 145th Avenue, Sui	ite 310	<u> </u>				
6. The name an (if changed):	Pembroke Pines FL 33027 d street address of the new reg	istered agent (if changed) and /or register	2022 HAR 30 Ted office				
(Corporate Creations Network	k Inc.	<u> </u>				
	801 US Highway I		- 1 圣 - 1				
	(P.O. Box Not acceptable) North Palm Beach FL 33408						
		d the street address of the business office	e of its registered				
		duly adopted by its board of directors of the change.	or by an officer sc				
24	K 26	Nicholas Nichols, Attorney-	in-Fact				
(Signa	ture of an officer or director)	(Printed or Typed name a	and title)				
I further agree performance of agent. Or, if the hereby confirm	to comply with the provision my duties, and I am familiar within the me the sis document is being filed me	agent and agree to act in this capacity. ons of all statutes relative to the prop with and accept the obligation of my posi- rely to reflect a change in the registered notified in writing of this change.	tion as registered				
•	ture of Registered Agent)	3/30/2022 (Date)					
_	half of an entity:	(Dute)					
	•						
	chols, Special Secretary ed or Printed Name)	_					
]		ABLE TO FLORIDA DEPARTMENT OF STA PRATIONS, P.O. BOX 6327, TALLAHASSE					
801 US Highw	each FL 33408						