P21000037837

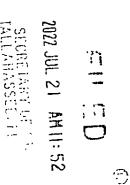
	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE OCT 19 2022			
	001 19 2022			

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	•		
SUBJECT: 42Tetra Inc			
Name of Corporation			
DOCUMENT NUMBER: P21000037837			
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
t tous tous and the second sec	g.		
Ruth Goran			
Name of Contact Person			
Ruth Goran CPA			
Firm/Company			
8631 Keeler Ave			
Address	 _		
Skokie, Illinois 60076			
City/State and Zip Code			
ruthgorancpa@gmail.com			
E-mail address: (to be used for future annua	l report notification)		
•	•		
For further information concerning this matter,	please call:		
Ruth Goran			
Name of Contact Person	at (847) 287-7832 Area Code & Daytime Telephone Number		
	•		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Matting Addison.	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

CR2E045 (04/13)

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

in orde	r to change its	registered office or regi.	anized under the laws of the stered agent, or hoth, in the		
I. The name of t	he corporation	42Tetra Inc			
2. The principal	office address	9349 Collins Ave. Unit 6	01		
		Surfside, Florida 33154			,
-		• •			_
4. Date of incorp	oration/qualif	ication: 4/17/18	Document number:	P21000037837	_
		of the current registered: (If resigned, enter resig	l agent and registered office ned)	on file with the	
	Uri Ratner				
	1145 16th St #	1101			
	Miami Beach,	F1 33139-2288		2022 SE TAL	
6. The name and (if changed):	street address	of the new registered ag	gent (if changed) and /or reg	2022 JUL 21 AH II: 50	, ,
	Uri Ratner				
	9349 Collins A	Ave Unit 601			
		P.O. E	Box NOT acceptable	52	
	Surfside, Fl 3	3154 ————————			
The street addre	ess of its regist be identical.	ered office and the stree	et address of the business o	office of its registered agent	,
Such change wa authorized by th	is authorized b ic board, or th	by resolution duly adopt e corporation has been i	led by its board of directors notified in writing of the ch	s or by an officer so nange.	
1 / 1/10	•		Uri Ratner, President		
-	re of an officer or d		• •	d name and title	
I Jurther agree t of my duties, an document is bei	o comply with d I am familia ng filed merel	ent as registered agent a the provisions of all sta ir with and accept the of v to reflect a change in in writing of this chang	and agree to act in this cap atutes relative to the prope bligation of my positton as the registered office addre. ge.	pacity, or and complete performancy registered agent. Or, if this ss, I hereby confirm that the	e S
	Cother		7/15/22		
Sign	nature of Registere	d Agent	Da	nte	
If signing on be	half of an enti	ty:			
	sped or Printed Na	me			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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