Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

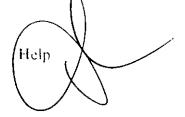
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REGISTERED AGENT CHANGE XCVR CORPORATION

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



From David 1

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

2023-01-27 12:45:39 CST

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo arto change its registered office or regis	mized under the laws of the State of $\underline{{ t \Gamma}}$	Delaware	is ———	
1. The name of	the corporation: XCVR CORPORATION	N			
2. The principal	office address: 110 SE 6TH STREET, SI	UITE 1700			_
FT LAUDERDA		<u> </u>			
	address (if different):				
4. Date of incorp	poration/qualification: 02/20/2018	Document number: F1800000	00857		
	d street address of the current registered riment of State: (If resigned, enter resign		th the		
	Cook, Christopher			~	
	110 SE 6TH STREET, SUITE 1700		2023 JAN	ಡಗನು	
	FT LAUDERDALE, FL 33301			IAN 2	المجمعة محمدة المجمعة
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and for registered off	3358VI 310 1 1	7 至	; [T]
	C T Corporation System		5 A	8: 42	
	1200 South Pine Island Road		ं त्तं	79	
P.O. Box NOT acceptable					
	Plantation, Florida 33324		-		
The street address changed will	ess of its registered office and the stree l be identical.	et address of the business office of its	s registere	d agen	1,
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its bould of directors or by an obtified in writing of the change.	officer so		
Isl Chris C	Cook	Cluis Cook			
	ire of an officer of director the appointment as registered agent of to comply with the provisions of all so and I am familiar with and accept the of the filed morely to reflect a change in the seen notified in writing of this change a System	Princed or typed name and lit and agree to act in this capacity, attates relative to the proper and com bligation of my position as registered the registered office address. I hereb tv.		orman)r if th that il	ce iis ie
Kathan K.	Male of Registered Agent	1/27/23 Date			-
	chalf of an entity:				
Yachoga B	Sypod or Printed Manie				
	* * * FILING I	FEE: \$35.00 * * *			
M	MAKE CHECKS PAYABLE TO F IAIL TO: DIVISION OF CORPORATIONS,	lorida Department of State P.O. Box 6327, Tallahassee, FL 3	32314		

CR2E045 (04/13)

By: