From: Kaity Toon

5/1/23, 12,48 PM

Division of Corporations

## Florida Department

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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

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Email	Address:	

## REGISTERED AGENT CHANGE VISTAFLOR E-COMMERCE HOLDINGS CORP.

Certificate of Status	U
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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By:

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

2023-05-01 10 51 41 PDT

statement of ch	unge is submitted for a corporation orga	502, 607 i 508, or 617.1508, FloridisStannes, anized under the laws of the State of <u>FL</u> stered agent, or both, in the State of Florida.	tins
1. The name of	the corporation: VISTAFLOR E-COMM	HERCE HOLDINGS CORP.	
		T, SUITE 340 MIAMI, FL 33126	
3. The mailing	address (if different).		
4. Date of inco.	poration qualification: 12/23/2015	Document number: P15000100885	
5. The name ar Florida Depa	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	GBBPL REGISTERED AGENTS, LLC		
	100 AUMERIA AVENUE SUITE 340 C	ORAL GABLES FL 33134	2(
			123 H
6. The name an (if changed):	id street address of the new registered ag	ent (if changed) and /or registered office	71 - 1 - XVII 5303
	C T Corporation System		<b>A</b>
	1200 South Pine Island Road		<b>9</b> : 2
	P.O Bo Plantation, Florida 33324	ox NOT acceptable	
The street addr	ress of its registered office and the stree I be identical.	address of the business office of its register	red agent.
Such change watthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officer so offified in writing of the change	o
J.	d Schola	Todd Syphoda, Vice President	
I hereby accept I further agree of my duties, a document is be corporation ha	na i am jamutar win ana accept the av ing filed merely to reflect a change in t x been notified in writing of this change	titiles relative to the proper and complete per digation of my position as registered agent. In registered affect address I basely config	rformance Or, if this in that the
C T Corporation	· ·	5:1-2023	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Ť	Typed or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	