STOUFFVILLE	VENUE , ONTARIO L4A 0S1			
Current Mai	ling Address:			
397 MANTL STOUFFVIL	E AVENUE LE, ONTARIO L4A 0S1 CA			
FEI Number: 35-2629267			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
NRAI SERVICE 1200 SOUTH P PLANTATION,	INE ISLAND ROAD			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Floric	a.
SIGNATURE	E: ROSE SONG, ASSISTANT SECRETARY			01/16/2020
SIGNATURE	Electronic Signature of Registered Agent			D1/16/2020 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	TREASURER	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR		TREASURER	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR HALL, JAMES F. C. 397 MANTLE AVENUE	Name	TREASURER SAVILLE, ELEANORE 397 MANTLE AVENUE	Date
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR HALL, JAMES F. C. 397 MANTLE AVENUE	Name Address	TREASURER SAVILLE, ELEANORE 397 MANTLE AVENUE	Date
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR HALL, JAMES F. C. 397 MANTLE AVENUE STOUFFVILLE ONTARIO L4A 0S1	Name Address	TREASURER SAVILLE, ELEANORE 397 MANTLE AVENUE	Date
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR HALL, JAMES F. C. 397 MANTLE AVENUE STOUFFVILLE ONTARIO L4A 0S1 SECRETARY, DIRECTOR	Name Address	TREASURER SAVILLE, ELEANORE 397 MANTLE AVENUE	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES F.C. HALL

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P18000045437

Entity Name: LEVITICUS SPHERE INC

Current Principal Place of Business:

FILED Jan 16, 2020 **Secretary of State** 6017927164CR

Date