duless of Culteril Registered Agent.			
AGENTS INC STE 300 IRG, FL 33702 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
BILL HAVRE			02/08/2023
Electronic Signature of Registered Agent			Date
ctor Detail :			
PRESIDENT	Title	SECRETARY	
BARROWES, WILFORD	Name	BARROWES, WILFORD	
5896 S 950 E	Address	5896 S 950 E	
SOUTH OGDEN UT 84405	City-State-Zip:	SOUTH OGDEN UT 84405	
TREASURER	Title	DIRECTOR	
BARROWES, WILFORD	Name	BARROWES, WILFORD	
5896 S 950 E	Address	5896 S 950 E	
	AGENTS INC STE 300 IRG, FL 33702 US I entity submits this statement for the purpose of changing its regis Electronic Signature of Registered Agent Ctor Detail : PRESIDENT BARROWES, WILFORD 5896 S 950 E SOUTH OGDEN UT 84405 TREASURER BARROWES, WILFORD	AGENTS INC STE 300 IRG, FL 33702 US I entity submits this statement for the purpose of changing its registered office or regist Electronic Signature of Registered Agent Ctor Detail : PRESIDENT Title BARROWES, WILFORD Name 5896 S 950 E Address SOUTH OGDEN UT 84405 City-State-Zip: TREASURER Title BARROWES, WILFORD Name	AGENTS INC STE 300 IRG, FL 33702 US Tentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo Electronic Signature of Registered Agent Ctor Detail : PRESIDENT Title SECRETARY BARROWES, WILFORD Name BARROWES, WILFORD 5896 S 950 E Address 5896 S 950 E SOUTH OGDEN UT 84405 TREASURER Title DIRECTOR BARROWES, WILFORD Name BARROWES, WILFORD

7901 4TH ST N STE 300 ST. PETERSBURG. FL 33702 US

FEI Number: 85-0643900 Name and Address of Current Registered Agent:

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: WILFORD BARROWES

City-State-Zip: SOUTH OGDEN UT 84405

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: SOUTH OGDEN UT 84405

FILED Feb 08, 2023 Secretary of State 5352324149CC

Certificate of Status Desired: No

Date

PRESIDENT

02/08/2023

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004434

Entity Name: CG4 SOLUTIONS INC.

Current Principal Place of Business:

7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702

Current Mailing Address: