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: JULIE D BRUNO

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Title	Р
Name	ZAHR, SAMUEL SEBASTIAN
Address	6485 S XANADA WAY C112

AVENIUKA, FL 33160 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.		
SIGNATURE:		
Electronic Signature of Registered Agent		

## AVENTURA, FL 33180

**Current Mailing Address:** 

## FEI Number: 92-3770428

City-State-Zip: CENTENNIAL CO 80111

City-State-Zip: AVENTURA FL 33180

BRUNO, JULIE D

20775 NE 32 PL

S

DOCUMENT# F2300006208

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

Entity Name: CUDDLE MONSTER CORPORATION

8 THE GRN BSTE DOVER, DE 19901

20775 NE 32 PL

BRUNO, JULIE D 20775 5 NE 32 PL AVENTURA, FL 33180 US

Title

Name

Address

## FILED Jun 07, 2024 Secretary of State 4143176540CC

Certificate of Status Desired: No

Title т Name ZAHR, SASHA Address 121 NE 34 ST APT 18122 City-State-Zip: MIAMI FL 33137

SECRETARY

06/07/2024

Date

Date