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| | Account Name | : THEODORE : | J. KLEIN ATTORNE | Y AT LAW | ٠, | \odot |
| | Account Number | 120120000 | 971 | | 4 | \sim |
| | Phone | : (954)370-2 | | | | \sim |
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REGISTERED AGENT CHANGE DATA REALTY INC

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

| | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |
|---|--|
| | ge is submitted for a corporation organized under the laws of the State of Florida. to change its registered office or registered agent, or both, in the State of Florida. |
| | The Recently Inc. |
| 1. The name of th | e corporation: |
| 2. The principal of | ffice address: 5301 buad louge Nory |
| | Naples Florider 34/19 |
| 3. The mailing ad | dress (if different): |
| 4. Date of incorpo | pration/qualification: 211/1967 Document number: 313235 |
| | street address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned) |
| | Data Deutty Inc. |
| _ | 5331 madeloupe Way |
| _ | Nager, Fwan 39M9 |
| 6. The name and s (if changed): | treet address of the new registered agent (if changed) and /or registered office |
| (ii changeu). | Theodor Jiklein II |
| _ | 8030 Peters Mad, Suik DI and |
| _ | P.O. Box NOT acceptable Robertur Fur Ju 33324 |
| The street address as changed will b | s of its registered office and the street address of the business office of its registered agent, e identical. |
| Such change was authorized by the | authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. |
| a Day | id Fachers. David Fernberg, Direct |
| Signature | of an officer or director Printed or typed name and title |
| I hereby accept th I further agree to of my duties, and document is being corporation has b | e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this rfiled merely to reflect a change in the registered office address, I hereby confirm that the een notified in writing of this change. |
| | 8-9-2022 |
| Signat | ure of Registered Agent Date |
| If signing on beha | lf of an entity: |
| | |
| Туре | d or Printed Name |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *

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