F0700003205

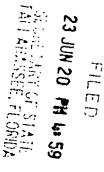
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE AUG - 7 2023 |
| |

Office Use Only



500410692585

06/20/23--01023--009 **35.00



COVER LETTER

| TO: Amendment Section Division of Corporations | : |
|---|------------|
| SUBJECT: Hawkek Etkins Name of Corporation | |
| DOCUMENT NUMBER: F0700000 30,05 | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing | ng. |
| Please return all correspondence concerning this matter to the following: | |
| Name of Contact Person Hawher Etterial Im Firin/Company LIVINGStan Hoad 113 Address Mangss VA 20109 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: See Nard HOCChi Name of Contact Person at (79) 929 260 Area Code & Daytime Telepho | one Number |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of |
|--|
| 1. The name of the corporation: Hawket Extrids, Inc. 2. The principal office address: 1900 Livington Ind. Sulk 1/3 Man 1868 VA 20109 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 6/69/600/ Document number: FO/000003603 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) SOR NOTOLOCCHI BY HILL TOP (and Residue) RICHESOR F1 32,955 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): SOP Var directly Following Fo |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director Printed or typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent Date |
| If signing on behalf of an entity: Typed or Printed Name |
| * * * FILING FEE: \$35.00 * * * |
| MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 |

can you please change the address of Office as well

CR2E045 (04/13)