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Division of Corporations

Fax Number : (850)617-6380 010001-14767

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone

: (850)222-1173

. Fax Number

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REGISTERED AGENT CHANGE BARING INDUSTRIES, INC.

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

	provisions of sections 60 age is submitted for a co					s vada	
	ge its registered office of						
1. The name of the				•			
		Baring Ind	lustries, inc.				
2. The principal	office address:						
3	249 S.W. 42nd Stre	et	Fort Lauder	dale	FL	33312	
3. The mailing ac	idress (if different):						
4. Date of incorporation/qualification: 12/10/20			Document number: F10000			5491	_
The name and Florida Depart	street address of the cur ment of State;	rent registered ager	nt and registered of	fice on file with	the		
	······································	CT Corporat	ion System				
		1200 South Pin	e Island Road				
	Planta	ation	FL	33324		=	SEVIS
6. The name and (if changed):	street address of the nev	w registered agent (if changed) and /or	registered office	3	11 84.	朝野
	Na	tional Corporate	Research, Ltd., Ir	10.			OF CORPORATIONS
		515 East Pa	ırk Avenue				GRAII
	<u> </u>	(P,O, Box NO	Casceptable)				3 G
,	Tallaha	158ee	Florida	32301			- 7
The street address changed will	ss of its registered offic be identical.	e and the street ad	dress of the busine	ss office of its	registere	d agent,	
Such change wa authorized by th	s authorized by resolute e board, or the corporat	ion duly adopted b tion has been notif	y its board of direction of the	etors or by an or e change,	fficer so		
Charles & fram			Charles E. Sperry			resident	
(\$1	gnature of an of Dear or directed			(Printed or typed run	me and title)	
I hereby accept in the further agree to further agree to of my duties, and document is being corporation has	the appointment as reg o comply with the provi of I am familiar with an og filed merely to rolled byen notified in yriting	istered agent and d isions of all statute d accept the obliga it a change in the r g of this change.	igree to act in this s relative to the pr tion of my position egistered office ad	capacity, oper and comp as registered dress, I hereby	lete perfi agent. C confirm	rmance r, if this that the	
	III Q II CO			<u> </u>	Celá	1105	_
If signing on bel		,		franc	, ,		
Alexis	Cassidy, Asst. Se (Typed or Printed Name)	cretary					
	(-1han at estima taming)						

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