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(((H22000365735 3)))



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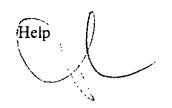
То:	Division of Corporations	
	Fax Number : (850)617-6380	-
From	;	
	Account Name : LEGALINC CORPORATE SERVICES INC.	
_;	Account Number : I20180000011	- •
	Phone : (844)386-0178	
•	Fax Number : (214)317-4754	· _
•		,
. 4	r the email address for this business entity to be used for ennual report mailings. Enter only one email address please	_

REGISTERED AGENT CHANGE POSITUDES, INC.

Certificate of Status	0
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To: 18506176380 From: 14693173436 Date: 10/25/22 Time: 7:32 PM Page: 02/02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H22000365735.3)))

statement of change is submitted for a corpora	2. 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of $\frac{NY}{E}$ e or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Positudes, Inc.		
2. The principal office address: 44 Bond Street,	Westbury, NY, US, 11590	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 03/30/20	Document number: F12000001387	
5. The name and street address of the current re Florida Department of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
CORPORATION SERVICE CO	OMPANY	2022
1201 HAYS STREET		2022 OCT 25
TALLAHASSEE, FL 32301-25	325	25
6. The name and street address of the new regis (if changed):	stered agent (if changed) and /or registered office	AM 8:21
LEGALINC CORPORATE SE	RVICES INC.	
476 Riverside Ave.	<u>,</u>	
Jacksonville, FL, US, 32202	F.O. Box. NOT acceptable	
as changed will be identical.	the street address of the business office of its registered ag	gent.
Such change was authorized by resolution du authorized by the board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	
Vincent Fusaro	Vincent Fusaro, President	
Signature of an officer or director	Printed or typed name and title	
l hereby accept the appointment as registered further agree to comply with the provisions of my duties, and I am familiar with and acced occument is being filed merely to reflect a che corporation has been notified in writing of the	I agent and agree to act in this capacity, of all statutes relative to the proper and complete perform into the obligation of my position as registered agent. Or, if ange in the registered office address, I hereby confirm that is change.	ance t this t the
Gha for	10/25/2022	
Signature of Registered Agent	Date	
If signing on behalf of an entity:	(((H22000365735 3)))	
Erik Treutlein		
Typed 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 * * *