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	(Requestor's Name)	
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	(Address)	
	(City/State/Zip/Phone #)	
	(Business Entity Name)	
	(
	(Document Number)	
 Certifu	ed Copies Certificates of Status	
- -	Instructions to Filing Officer	
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-	I HODY	
	U. HORNE	
	J. HORNE JUN 19 2024	
	2024	
	Office Use Only	
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WANNEL TO FAVELOB 2024 JUN 18 PM 1:49 MALLAHASSEE, -LOPIN,



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 -(850) 656-4724

DATE 06/18/2024

WALK IN

ENTITY NAME EZRA INTERNATIONAL CORPORATION

DOCUMENT NUMBER____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXXXX

Plain Copy Certified Copy Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certificate of Good Standing

APOSTILLE' / NOTARIAL CERTIFICATION

TOTAL OWED \$35

ACCOUNT #: I20160000072

-5 8 FM

Please call Tina at the above number for any issues or concerns. Thank you so much!

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 $\frac{WA}{WA}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EZRA INTERNATIONAL CORPORATION

2. The principal office address: ¹⁶¹⁵ Sweetwood Dr Melbourne, FL 32935

The mailing address (if different): _____

Document number: F12000001897 4. Date of incorporation/qualification: 05/03/2012

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)

REGISTERED AGENTS INC

7901 4th St N Ste 300 ST PETERSBURG, FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC

3458 Lakeshore Dr., Tallahassee, FL 32312

NTS, LI.C	2024
shore Dr., Tallahassee, FL 32312	
P.O. Box NOT acceptable	·
gistered office and the street address of the business offi	ce of its registered agent.

The street address of its regilas 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.

. 1 gnature of an officer or directo

Patricia V, Frame - PRESIDENT

Printed or typed name and title

Date

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. Thereby confirm that the corporation has been notified in writing of this change.

6-5-24

Signature of Registered Agen

If signing on behalf of an entity:

KELLI SALDANA - ASST. SECRETARY

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 CR2E045 (04/13)