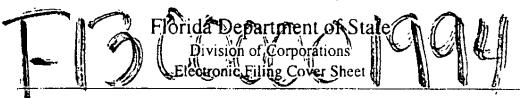
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC:

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 6.

Email Address:__

REGISTERED AGENT CHANGE UNION PRIVILEGE CORP

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

JAN 2 Help23

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

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Stati rganized under the laws of the State of Distri	ct of Colu	mbi s
		egistered agent, or both, in the State of Flori	ша.	
1. The name of	the corporation: UNION PRIVILEGE	CORP		 -
2. The principal	office address: 1100 FIRST ST., NE	Suite 850 WASHINGTON, DC 20002		
3. The mailing a	iddress (if different):			
4. Date of incorporation/qualification: 05/07/2013 Document number: F1300000			4	
	d street address of the current register trient of State: (If resigned, enter res	red agent and registered office on file with the signed)	he	
	CT CORPORATION SYSTEM			, ·
	1200 SOUTH PINE ISLAND ROAD		-:.,	ZUZ3 JAN
	PLANTATION, FL 33324			
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):		•. .	19 Aii	
	Corporate Creations Network Inc.		ڊن -:	5 5
	801 US Highway I		7	$\frac{1}{2}$
	North Palm Beach, FL 33408	D. Box NOT acceptable		
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its re-	gistered	agent
		opted by its board of directors or by an offin notified in writing of the change.		
		Tasha Edwards, Attorney-in-Fact		
Zignatu	re of an officer or director	Printed or typed name and title		—
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ager to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity, statutes relative to the proper and complet obligation of my position as registered ag in the registered office address, I hereby co nge.	te perfor ent. Or onfirm th	manc if thi iat the
		1/19/2023		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Tasha Edwards,	Special Secretary			
Т	yped or Printed Name			
	* * * FIT INC	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)