Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000194062 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

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

Email Address:_

REGISTERED AGENT CHANGE SOLOTECH U.S. CORPORATION

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

MAY 17 7021

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 3

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

•	•		0502, 607.1508, or 617.1508, Florida Statut ganized under the laws of the State of <u>NV</u>	es, this
in order	r to change its i	registe <mark>re</mark> d office or reg	gistered agent, or both, in the State of Florid	a.
1. The name of ti	he corporation:	SOLOTECH U.S. CO	PRPORATION	
2. The principal	office address:	7465 DEAN MARTIN	RPORATION I DRIVE, STE. 108, LAS VEGAS, NV 89139	
3. The mailing a	ddress (if differ	ent): 5200 Hochelaga	Street, Montreal, Quebec H1V 1G3, Canada	
4. Date of incorp	oration/qualific	cation: 03/13/2014	Document number: F14000001145	
		of the current registers (If resigned, enterresi	ed agent and registered office on file with the gned)	2
	C T Corporatio	n System		. 13
	1200 SOUTH	PINE ISLAND ROAD		DI HA
	PLANTATION	I, FL 33324		
6. The name and (ifchanged):	street address	of the new registered a	agent (if changed) and /or registered office	2021 HAY 14 PM 2: 25
	NRAI Services	. Inc.		- F- 25
	1200 South Pine Island Road			
	Plantation, Flor), Box NOT acceptable	
The street addre as changed will	ss of its registe be identical.	ered office and the str	reet address of the business office of its reg	istered agent.
Such change wa authorized by th	s authorized be e board, or the	y resolution duly ado corporation has beer	pted by its board of directors or by an offic i notified in writing of the change.	er so
1/1	بت (۔ ۔ ۔ ۔ ۔		Nicolas Lavoie, Secretary	
Signanir	e of an officer or dir	color	Printed or typed name and title	
I further agree to of my duties, and document is bein corporation has	o comply with d I am familian ng filed merely been notified i	the provisions of all s	t and agree to act in this capacity. statutes relative to the proper and complete obligation of my position as registered age n the registered office address. I hereby con nge.	e performance nt. Or, if this afirm that the
NRAI Services,	after of Registered	Davit G	05/12/2021	
Sign	nature of Registered	Agent //	Date	
If signing on bel	half of an entity	y:		
Linda Stauffer, A	ssistant Secretai	ry		
Ty	ped or Printed Nam	¢		
		* * * 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)

By: