F14000001496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600429761616

2024 JUN 18 AM 10: 49

FILED

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 494564 8453058 AUTHORIZATION 1:// COST LIMIT ORDER DATE: June 11, 2024 ORDER TIME : 3:01 PM ORDER NO. : 494564-010 CUSTOMER NO: 8453058 CHANGE OF AGENT NAME: SOLARUS TECHNOLOGIES INC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Shauna Godbolt EXAMINER'S INITIALS:

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

1. (2).	he corporation: SOLARUS TEC	CHNOLOGIES INC				
The name of t The principal	office address: 264 WEST 40T.	H STREET SUITE 1203				
NEW YORK, N						
3. The mailing a	ddress (if different): 169 MADIS	SON AVENUE STE 2638 I	NEW YORK,	NY 10016		
	poration/qualification: 03/31/20					
	I street address of the current re tment of State: (If resigned, ent		d office on fil			
	REGISTERED AGENTS INC	,		2024 TĂL		
	7901 4TH STREET N, SUITE	≣ 300		ZOZA JUN	.11	
	ST. PETERSBURG	FL	33702	188 1887 1897		
6. The name and (if changed):	street address of the new regis	tered agent (if changed) and	/or registere	AH 10: 50 CF STATE FRORIDA	Ö	
	1201 Hays Street					
	Tallahassee	PO Box NOT acceptable FL	32301			
Th			-			
as changed will	ss of its registered office and t be identical.	he street address of the bus	siness office	or its registered ag	ent.	
Such change wa authorized by th	s authorized by resolution dul- e board, or the corporation has	y adopted by its board of d s been notified in writing o	irectors or by f the change.	y an officer so		
/s/ Matthew Nikravesh		Matthew Nikray	Matthew Nikravesh, President			
Signatur	e of an officer or director	Printe	d or typed name	and title	_	
l further agree to of my duties, and document is bein corporation has	the appointment as registered o comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of this n Service Company	of all statutes relative to the of the obligation of my posi- nge in the revistered office	his capacity. Pproper and tion as regis address, I h	complete performe tered agent. Or, if wereby confirm that	ance this the	
J, .	e E. Kirby	06/12/2024				
Sign	inture of Registered Agent		Date			
If signing on bel	half of an entity:					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13) 494564-10