Division of Corporations Electronic Filing Cover Sheet

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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 fulfare annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE TOAST TAB, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of DELAWARE gistered agent, or both, in the State of Florida.
1. The name of	the corporation: TOAST TAB, INC.	
2. The principal	office address: 401 Park Drive, Suite 8	01, Boston, MA 02215
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification:05/21/2014	Document number: F14000002236
5. The name and		ed agent and registered office on file with the
	INCORP SERVICES, INC.	13. J.
)7888 67TH COURT NORTH	gred)
	LOXAHATCHEE, FL 33470	ASSE
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office
	Corporate Creations Network Inc.	
	801 US Highway I	
	P.O North Palm Beach, FL 33408	Bux. NOT acceptable
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its registered agent,
Such change was authorized by th	as authorized by resolution duly ador ne board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.
Qa	ede Lopez	Jade Lopez, Attorney-in-Fact
17	io di ani di minari di minario,	Times of types hand that
l hereby accept I further agree i of my duties, an document is hei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ing filed merely to reflect a change in been notified in writing of this cham	and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the tge.
<i>Qa</i>	de Lopez nature of Registered/Agent	01/25/23
U	•	Date
If signing on be	half of an entity:	
Jade Lopez, Spec	· · · · · · · · · · · · · · · · · · ·	
T	yped 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)