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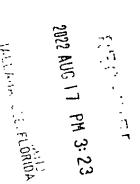
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A. BUTLER AUG 18 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 717212

7947153

AUTHORIZATION

COST LIMIT :

ORDER DATE: June 1, 2022

ORDER TIME : 1:26 PM

ORDER NO. : 717212-020

CUSTOMER NO: 7947153

CHANGE OF AGENT

NAME: ALTIOS INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this pration organized under the laws of the State of New York Tice or registered agent, or both, in the State of Florida.		
	he corporation: ALTIOS IN			
2. The principal	office address: 10-34 44th	Drive, FL 2 Long Island City, NY 11101	-	
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 10/22	2/2014 Document number: F14000004501		
	I street address of the curren tment of State: (If resigned,	at registered agent and registered office on file with the enter resigned)		
	Altios International			
	9200 South Dadeland Boulevard, Suite 508			
	Miami	FL 33156		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Com	pany		
	1201 Hays Street	P.O. Box NOT accomptable	(C)	
	Tallahassee	P.O. Box NOT acceptable FL 32301	الاست	
The street addre	ess of its registered office a	and the street address of the business office of its registered agen	1	
Such change wa authorized by the	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.		
		BULLICK ECKRON BLOW	trops	
-	the appointment as registe	Printed or typed name and tale		
By: English	to comply with the provision of I am familiar with and a ling filed merely to reflect as been notified in writing on Service Company	ered agent and agree to act in this capacity. This of all statutes relative to the proper and complete performant coept the obligation of my position as registered agent. Or, if the change in the registered office address, I hereby confirm that if this change. Output Description:	ce iis ie	
	chalf of an entity:	Date		
ī	yped or Printed Name			

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

* * * FILING FEE: \$35.00 * * *