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(((H230002716183)))



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	Fax Number	: (850)617-6380	
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	Account Name	: C T CORPORATION SYSTEM	
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	Fax Number	: (614)573-3996	

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REGISTERED AGENT CHANGE MEMBR INC.

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To:

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

1. The name of the corporation: <u>Membr Inc.</u>

2. The principal office address: 515 N Flagler Dr. Suite P-300

West Palm Beach FL 33401

- 3. The mailing address (if different): 11330 Olive Blvd Suite 200, Creve Cocur MO 63141
- 4. Date of incorporation/qualification: 3/25/2015 Document number: F15000001251
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	Berger, Steven D	
	509 Brackenwood Place	
	Palm Beach Gardens, FL 33418	
 The name and (if changed): 	I street address of the new registered agent (if changed) and /or registered office	
	C T Corporation System	

	<u> </u>
1200 South Pine Island Road	
P.O. Box NOT acceptable	
Plantation, Florida 33324	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer soauthorized by the board, or the corporation has been notified in writing of the change.

	Olga Khvatskaya
Signature of an officer or director	Printed or typed name and Title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. C T Corporation System

8-4-2023

Date

By:

Signature of Registered Agent

If signing on behalf of an entity:

Typed 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 (R2F045 (04/13)