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Division of Corporations

Fax Number : (850)617-6380

From:

: COMPUTERSHARE Account Name Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

Email Address:

## REGISTERED AGENT CHANGE DAVIS & TOWLE MORRILL & EVERETT, INC.

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

- 1-1 amount of cham	as is culmitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of New Ha tered agent, or both, in the State of Florida.	X
	DAVIS & TOWLE MO	RRILL & EVERETT, INC.	
2. The principal of	office address: 115 AIRPORT ROAD CO	ONCORD, NH 03301	
2. The mailing w	ddress (if different): PO BOX 1260 CO	NCORD, NH 03302	
4. Date of incorp	oration/qualification: 09/18/2015	Document number: F15000004154	
5. The name and	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		2023
6. The name and (if changed):	i street address of the new registered as	gent (if changed) and /or registered office	2023 JUN 29
	Corporate Creations Network Inc.		a
	801 US Highway 1		ب
	P.O. North Palm Beach FL 33408	Box NOT acceptable	0.9
The street addr as changed wil Such change w authorized by	ess of its registered office and the stre	neet address of the business office of its region ted by its board of directors or by an office notified in writing of the change.	stered agent,
	while Som	Marja Souza, Attorney-in-Fact	
I hereby accep I further agree of my duties, a	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the s sing filed merely to reflect a change in as been notified in writing of this char	and agree to act in this capacity, statutes relative to the proper and complete obligation of my position as registered age on the registered office address, I hereby co	performance nt. Or, if this nfirm that the
$\mathcal{M}$	on the Son	06/29/2023	
—— <i>"///</i>	gosture of Registered Agent	Date	
If signing on b	chalf of an entity:		
_	pecial Secretary		
	Typed or Printed Name		

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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