Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000273929 3)))



H240002739293ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

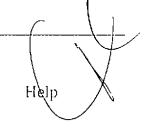
Email Address:_

REGISTERED AGENT CHANGE WHAT PUMPKIN GAMES, INC.

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

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	nge is submitted for a corporation	517,0502, 607,1508, or 617,1508, Florida State in organized under the laws of the State of <mark>Delay</mark> r registered agent, or both, in the State of Flori	ware
	he corporation: What Pumpkin Ga		au,
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 02/04/16	Document number: F1600000052	2
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	ne
	DOMINGUEZ, CYNTHIA		202
	1421 SW 107th Ave Ste 301		# ** **
	Miami, FL 33174		<u></u>
(if changed):	street address of the new register	red agent (if changed) and /or registered office	
	Northwest Registered Agent LLC		<u> </u>
	7901 4th St N STE 300		
	P.O. Box NOT acceptable St. Petersburg FL 33702		
The street addre	ss of its registered office and the	street address of the business office of its reg	gistered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an offi- seen notified in writing of the change.	cer so
Cynthia Dom	angue 3 e dran officer or director	Cynthia Dominguez	
I hereby accept I further agree t of my duties, and document is bein	the appointment as registered as	Printed or typed name and inter- gent and agree to act in this capacity, all statutes relative to the proper and complet the obligation of my position as registered ag ge in the registered office address, I hereby ca hange.	e performance ent. Or, if this onfirm that the
T+- N		08/15/2024	
/ / Sigr	nature of Registered Agent	Dute	
lf signing on bel	nalf of an entity:		
Taylor Newman		_	
Ту	ped or Printed Name	_	

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