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Y SULKER FEB 1 3 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO). : I2000000195		
REFERENC			
AUTHORIZATIO	ON : Trasheleraan		
COST LIM	TT : \$ 35.00		
	· · · · · · · · · · · · · · · · · · ·		
ORDER DATE : February 9, 20	022		
ORDER TIME : 2:20 PM			
ORDER NO. : 466411-013			
CUSTOMER NO: 7942471			
CHANGE OF AGENT			
NAME: NEARPOD INC	2.		
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:		
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Wei	land		
	EXAMINER'S INITIALS:		

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

statement of cha	ange is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida 8 organized under the laws of the State of $_{\perp}^{-1}$ registered agent, or both, in the State of F	DE
1. The name of	the corporation: NEARPOD INC.		
2. The principal	office address: 1855 Griffin Road A	290 Dania Beach, FL 33004	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/05/2016	Document number: F16000	000535
	d street address of the current registe rtment of State: (If resigned, enter re	ered agent and registered office on file with signed)	th the
	Incorporating Services, Ltd.		_
	1540 Glenway Drive		-
	Tallahassee	FL 32301	•
6. The name and (if changed):	Ç	I agent (if changed) and /or registered off	ice
	Corporation Service Company		1997
	1201 Hays Street		· ;
	Tallahassee	O. Box NOT acceptable FL 32301	5
The street addreas changed will	ess of its registered office and the s	treet address of the business office of its	stregistered agent,
Such change was	as authorized by resolution duly ad he board, or the corporation has bee	opted by its board of directors or by an en notified in writing of the change.	officer so
No.	at Dutt	Neal Dittersdorf	Secretary
•	ne of an officer or director	Printed or typed name and tit	le
I further agrée of my duties, ar document is bei corporation has	the appointment as registered ages to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha n Service Company	l statutes relative to the proper and com e obligation of my position as registered in the revistered office address I hereb	plete performance lagent. Or, if this y confirm that the
By: Y)roca	rature of Registered Agent	Date	
	chalf of an entity:		
GRACE E. KIRI	BY. ASST. VICE PRESIDENT		
Т	'yped or Printed Name		
	* * * FILING	G 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)