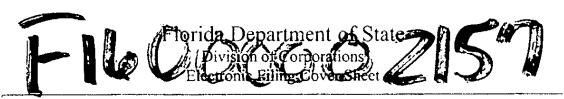
Division of Corporations



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.

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Division of Corporations

Fax Number : (850) 617-6380

Please honor original date

07/14/2022

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:

REGISTERED AGENT CHANGE F3EA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

A. BUTLER

JUL 18 2022

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Help

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To: • • Page: 3 of 3 2022-07-14 15:01:50 PDT 19548277645 From: Kaity Toon

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Delaware	
		registered agent, or both, in the State of Florida.	
	the corporation: F3EA, INC.	DD CAVANNALI CA 21464 1421	
2. The principa	l office address: 110 RIVERVIEW E	7K. 3A VANNAH, OA, 31909-1921	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 05/03/2016	Document number: F16000002157	
5. The name ar		tered agent and registered office on file with the	
	Registered Agents Inc.		
	7901 4th Street North, STE #300		
	Plantation, FL, 33702		
6. The name an (ifchanged):		ed agent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O Box NOT acceptable	
_	ress of its registered office and the I be identical.	street address of the business office of its registered agent.	
Such change wanthorized by t	ras authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by an officer so cen notified in writing of the change.	
U(')	MUN MUM	Christine Kelm	
	ure of an officer or director	Printed or typed name and title	
I hereby accept further agree of my duties, a document is be corporation had	I the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ring filed merely to reflect a chang as been notified in writing of this c	ent and agree to act in this capacity. all statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.	
	NUMBER NUMBER	7/14/2022	
Si	gnature of Registered Agent	Date	
If signing on b	chalf of an entity:		
CT Corporation	System		
	Typed or Printed Name		
	* * * F(L)!	NG 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)

By: