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(City/State/Zip/Pho	he #)
PICK-UP	☐ WAIT	MAIL
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A. BUTLER JAN 1 1 2723 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

hone: 850-55**\$**-1500 ACCOUNT NO. : I2000000195 REFERENCE : 293987 8026271 AUTHORIZATION : COST LIMIT ORDER DATE: December 28, 2022 ORDER TIME : 9:58 AM ORDER NO. : 293987-004 CUSTOMER NO: 8026271 CHANGE OF AGENT NAME: HUCO CONSULTING INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of chai	nge is st	ns of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this whitted for a corporation organized under the laws of the State of Texas uge its registered office or registered agent, or both, in the State of Florida.
		pration: HUCO CONSULTING INC.
	office ac	ddress: 419 EAST 23RD ST
		f different):
		qualification: 05/18/2016 Document number: F16000002297
5. The name and	street a	ddress of the current registered agent and registered office on file with the State: (If resigned, enter resigned)
	UNITE	D STATES CORPORATION AGENTS, INC.
	5575 S	. Semoran Blvd Suite 36
	Orland	o. FL 32822
6. The name and (if changed):	street a	ddress of the new registered agent (if changed) and /or registered office
	Corpor	ation Service Company
1201 Hays Street		lays Street P O Box NOT acceptable
		P O Box NOT acceptable
	Tallaha	ssee FL 32301
The street addres	ss of its be ident	registered office and the street address of the business office of its registered agent;
Such change wa authorized by th	s author e board	ized by resolution duly adopted by its board of directors or by an officer so \bigcirc or the corporation has been notified in writing of the change.
	1.0	Nasym Afsari, Secretary
Signature		Nasym Afsari, Secretary Printed or typed name and title
I hereby accept to I further agree to of my duties, and document is being corporation has	the appe to complet I am for ing filed been no	pintment as registered agent and agree to act in this capacity. If with the provisions of all statutes relative to the proper and complete performance until the provisions of all statutes relative to the proper and complete performance until and accept the obligation of my position as registered agent. Or, if this merely to reflect a change in the registered office address. I hereby confirm that the stifled in writing of this change. Company
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	GCI VI	01/10/2023
Sign	ature of Re	gistered Agent Date
If signing on bel	nalfofa	n entity:
Grace E. Kirby, A		
Ty	ped or Pric	ted 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