## 16000003967

(Requestor's Name)	
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9 5/27/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 706538

COST LIMIT ': \$ 35.00

ORDER DATE: May 25, 2022

ORDER TIME : 3:33 PM

ORDER NO. : 706538-065

CUSTOMER NO: 8378425

CHANGE OF AGENT

NAME: NOVITECH, INC.

DBA: novitech group, the.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

Pursuant to the p statement of cha in order	nge is su	ibmitted for a c	corporation orga		laws of the S	State of CO	)	iis 
1. The name of t	he corpo	oration: NOVIT	ECH GROUP, I	NC.				
2. The principal								
3. The mailing a	ddress (i	f different): 14	01 BLAKE STR	EET DENVER,	CO 80202			
4. Date of incorp						F16000002	2967	<u></u>
5. The name and Florida Depart			urrent registered gned, enter resig		ered office o	n file with	the	
	Registe	ered Agents Ir	10			를 <u>.</u>	2027	
	7901 4	th St N Ste 30	00				YAM S	1 21 2 22 2 22 2 22 2 22 2 22 2 22 2 22
	St. Pet	ersburg		F	FL 33702	: · <u>-                                   </u>	26	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered/offi						AH 9:01	
	1201 Hays Street							
	P.O. Box NOT acceptable							
	Tallaha	issee		F	EL 32301			
The street address changed will	be ident	ical.					-	
Such change wa authorized by th	s author e board,	ized by resolu or the corpor	ition duly adopte ation has been n	ed by its board contitied in writin	of directors on g of the chai	or by an off nge.	ficer so	
Xee E. alnie		i	Jill Cilmi		,	Vice Pr	esident	
Signatur I hereby accept to I further agree to of my duties, and document is bein corporation has Corporation	o compl l l am fa lg filed i been no	ointment as re y with the pro miliar with a merely to refle tified in writi	visions of all sta nd accept the ob ect a change in t ng of this chang	nd agree to act . tutes relative to ligation of my p he revistered of	in this capace the proper of t	city.	ete perf gent. ( confirm	formance Or, if this that the
By: Divar		Kubi,	у	05/25/2022				
	ature of Re	gistered Agent			Date			<u> </u>
If signing on bel	alf of a	n entity:						
Grace E. Kirby, A	Asst. Vic							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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