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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

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

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REGISTERED AGENT CHANGE REAL ESTATE BARGAINS INC.

Certificate of Status	0
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Help A. BUTLER JUL 25 2022



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

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of $\frac{W}{}$ registered agent, or both, in the State of Flo	yoming	is	
1. The name of	the corporation: Real Estate Ba	argains Inc.			
		ne, Ste 10-320 San Jose CA 9513	6		
3. The mailing :	nddress (if different): 171 branha	am lane, Ste 10-320 San Jose CA	95136		_
		.7 Document number: F170000			_
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with esigned)	n the		
	INCORP SERVICES, II	NC			
	17888 67TH COURT N	ORTH	<u> </u>	202	
	LOXAHATCHEE, FL 33	3470	DRET ALL/	.022 JUL 22	E .
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):		ed agent (if changed) and /or registered office	AKY OF VHASSE	22 AM 9:5	
	Registered Agents Inc.		ST/ E, f	ڡۣ	3
	7901 4th St N STE 300			95	
		P.O. Box NOT acceptable			
	St. Petersburg FL 3370				
The street addr	ess of its registered office and the be identical.	street address of the business office of its	registere	d agent,	ı
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an o en notified in writing of the change.	fficer so		
Jatin	rder Chera	Jatinder Chera, Preside			
I hereby accept I further agree of my duties, ar document is be	the appointment as revistered an	ent and agree to act in this capacity. Il statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby		ormance or, if thi, that the	e S
But Hann	gnature of Registered Agent	7/22/22			
Si	mature of Registered Agent	Date			
If signing on bo	chalf of an entity:				
Bill Havre					
7	yped or Printed Name				

* * * FILING FEE: \$35.00 * * * MAKE CHECKS PAYARLE TO FLORIDA DEPARTMENT OF STATE