Florida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email	Address:	:		

REGISTERED AGENT CHANGE HACKERUSA INC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delawate or registered agent, or both, in the State of Florida.			
1. The name of t	he corporation: HACKERUSA II	VC			
2. The principal	office address:				
_					
4. Date of incorp	poration/qualification: 01/05/2018	Document number: F18000000069 5			
	I street address of the current regi- trnent of State: (If resigned, enter	istered agent and registered office on file with the resigned)			
	VIGDOR, DAN	in the second se			
	7360 SW 53rd Place				
	Miami, FL 33143	1. C. S.			
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office			
	Registered Agents Inc.				
	7901 4th Street N. Ste 300				
	P.O. Box NOT acceptable				
	St. Petersburg, FL 33702				
The street addre	ess of its registered office and the be identical.	ne street address of the business office of its registered agent,			
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.			
) — P	Paul Thompson Chief Legal Officer			
,	recutan officer of director	Printed or typed name and little			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered of to comply with the provisions of the I am familiar with and accept ing filed merely to reflect a char is been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, if this age in the registered office address. I hereby confirm that the change.			
1)0	vid X-Boerts	12/02/2024			
Sig	pature of Registered Agent	Date			
If signing on be	chalf of an entity:				
David Roberts					
Т	yped or Printed Name				
		ING FEE: \$35.00 * * *			
М		E TO FLORIDA DEPARTMENT OF STATE TIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314			