F18000002339

(Requestor's Name)
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(Document Number)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE <u>01/07/2025</u>		**WALK IN**
ENTITY NAME CUE	THINK, INC.	
DOCUMENT NUMBE	ER	
	PLEASE FILE TH	YE ATTACHED AND RETURN
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FO	DLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts (St. Amendments
	Certified Copy of Arts (& Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Status Ref	flecting:
	APOSTILLE' / N	NOTARIAL CERTIFICATION
COUNTRY OF DESTIN	YATION	
NUMBER OF CERTIFIC	CATES REQUESTED	
TOTAL OWED \$ 35.0	00	ACCOUNT # 120140000108 United Corporate Services, Inc. Thank you so much!
Please call Tina at	t the above number for a	ny issues or concerns. Thank you so much!

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

	er to change its registered offic		a ageni, or oom,	in the state of 1 tor	icic.	
1. The name of	the corporation: CUETHIN	K, INC.	_			
2. The principal	office address: 8 Furbish P	<u>'ond LN, No</u>	orth Reading,	<u>MA 01864</u>		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualitication: 05/17	⁷ /2018	Document number: F18000002339			
	d street address of the current rtment of State: (If resigned, e		nt and registered	office on file with t	he	
	CT Corporation Syste	:m				
	1200 South Pine Island	d Road		TALL	2025 JAN -7	
	Plantation, FL 33324			————— P ————— P	2	
(if changed):	d street address of the new reg	gistered agent (if changed) and /	or registered office	PRINTER OF THE PRINTE	
	United Corporate Services, Inc.					
	3458 Lakeshore Drive				Dim: U	
	Tallahassee, FL 32312	PO Box N	OT acceptable			
as changed will						
Such change wauthorized by t	as authorized by resolution d he board, or the corporation h	uly adopted by has been notifi	y its board of dir ied in writing of	ectors or by an off the change.	icer so	
	her M. Graham			I. Graham, Sec	retary	
l hereby accept I further agree of my duties, ar document is be	t the appointment as registere to comply with the provision at I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	s of all statute cept the obliga- hange in the r	umas to sect in th	ie canacity	rte performar gent. 'Or, if to Confirm that t	
/s/ Michael /	A. Barr		1/7/2025			
Sig	gnature of Registered Agent			Date		
If signing on be	ehalf of an entity:					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)