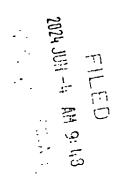
F1800000 21860

(Requestor's Name)
(Address)
ZAMA AND AND AND AND AND AND AND AND AND AN
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
V. W
JUN ORNA
52
Special Instructions to Filling Officer: JUN 5 2024





400429633694



SS:E HG 4-HUL ASIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195			
	REFERENCE	:	481461, 8404230			
	AUTHORIZATION	:	The Contract of the Contract o			
	COST LIMIT	:	\$ 35.0			
ORDER DATE :	May 31, 2024					
ORDER TIME :	2:22 PM					
ORDER NO. :	481461-005					
CUSTOMER NO:	8404230					
CHANGE OF AGENT						
NAME :	DOCFOX, INC.					
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILING:			
CERTIF	IED COPY STAMPED COPY					
CONTACT PERSON: Shauna Godbolt						

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a corporation of	.0502, 607,1508, or 617,1508, Florida St rganized under the laws of the State of $\frac{\Box}{\Box}$	DE	
	r to change its registered office or rethe corporation:	gistered agent, or both, in the State of Fl	rida.	
			··	
• •	office address: et Suite 500 MIAMI, FL 33130			
•		E400000		
4. Date of incorp	poration/qualification: 00/06/2018	Document number: F1800000	12080	
	I street address of the current register timent of State: (If resigned, enter res	ed agent and registered office on file with igned)	i the	
	C T CORPORATION SYSTEM			
	1200 S PINE ISLAND RD		F I L I 2024 JUNI - L	
	PLANTATION	FL 33324		
6. The name and (if changed):	Street address of the new registered Corporation Service Company	agent (if changed) and /or registered offic		
	1201 Hays Street			
) Box NOF acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the stube identical.	reet address of the business office of its	registered agent.	
Such change wa authorized by th	is authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an on notified in writing of the change.	fficer so	
/s/Gregory Orenstein		Gregory Orenstein, CFO		
•	e of an officer or director	Printed of typed name and title		
I further agree to of my duties, and document is beli corporation has	the appointment as registered agen to comply with the provisions of all a d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this chan n Service Company	statutes relative to the proper and comp obligation of my position as registered n the registered office address, I hereby	olete performance agent. Or, if this confirm that the	
By: Ilro	ce Cokubi	05/28/2024		
	nature of Registered Agent	Date		
If signing on bei	half of an entity:			
Grace E. Kirby				
Ту	ped or Printed 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
CR2E045 (04/13) 481461-5