## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*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 VUAANT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35,00

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Help



To:

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

statement of cha	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of <mark>Del</mark> registered agent, or both, in the State of Flor	aware	
	the corporation: VUAANT, INC.			
2. The principal	office address: 7300 Sandlake Comm	nons Blvd, Ste 327, Orlando FL. 32819		
3. The mailing a	address (if different):			
4. Dateofincorp	poration/qualification: 10/05/2018	Document number: F180000046	535	
	d street address of the current registe rtment of State: (If resigned, enterre-	ered agent and registered office on file with signed)		
	Corporate Creations Network Inc.		2024 SEC	
	801 US Highway 1		P1 2024 APR SECRETA	
	North Palm Beach, FL 33408		12 12	
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered office	FILED  1024 APR 12 AM 9: 37  SECRETARY OF STATE	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, Florida 33324	O, Box NOT acceptable		
The street addreas changed will	ess of its registered office and the selection is	treet address of the business office of its re	egistered agent,	
Such change wa	as authorized by resolution duly add be board, or the corporation has bee	opted by its board of directors or by an off in notified in writing of the change.	icer so	
$+$ $\lambda a$	ua Korosec	Kara Korosec, Secretary		
Signam	ire of an officer or director	Printed or typed name and title		
of my duties, an document is ber corporation has	nd Lam Jamiliar with and accept the ing filed merely to reflect a change s been notified in writing of this cho	nt and agree to act in this capacity. I statutes relative to the proper und comple e obligation of my position as registered a in the registered office address. I hereby o ange.	ete performance gent. Or, if this confirm that the	
C T Corporation	Chile Holdin	4/11/2024		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Michele Holden,	Asst Secretary			
ı'	yped or Printed Name			
	* * * FILING	G 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)

By: