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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

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## REGISTERED AGENT CHANGE STARTUPCRAFT INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of 1	Delaware	
	the corporation: StartupCraft In		107144.	
		Ave suite 230 Miami FL 33127		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 10/30/18	Document number: F1800	0004953	
5. The name and		tered agent and registered office on file w		
	Katanskyi, Volodymyr		_	
	3401 N MIAMI AVE SU	IITE 230		
	MIAMI, FL 33127		SECULIA HA	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Registered Agents Inc.		ASSEE.	
	7901 4th St N STE 300	<u> </u>	AM 9: 04 STATE SEE, FLORIB	
	St. Petersburg FL 3370	P.O. Box NOT acceptable	of Ribe	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	ts registered agent,	
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by ar een notified in writing of the change.	officer so	
Vilolyne	re vi an officer or firector	VOLODYMYR KATAN	=	
I hereby accept	the appointment as revistered as	ent and agree to act in this capacity. Il statutes relative to the proper and con the obligation of my position as registere in the registered office address, I here thange.		
Bee 1		01/04/2022		
Sig	nature of Registered Agent	Date		
	half of an entity:			
Bill Havre	yped or Printed Name			
ı	yped or innied isame	CO PPD 015 00 4 4 4		

\* \* \* FILING FEE: \$35.00 \* \* \*