



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000023217 3)))



H200000232173ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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  
PROKARMA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2020 JAN 21 PM 4:56

FILED  
2020 JAN 21 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

O SIMMONS

JAN 22 2020

((H20000023217 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROKARMA, INC.
2. The principal office address: 8705 SW NIMBUS AVE, STE. 118  
BEAVERTON, OR 97008
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/25/2019 Document number: F19000002027

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

FILED  
2020 JAN 21 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

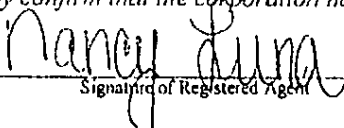
LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS BLVD, SUITE 400  
P.O. Box NOT acceptable  
FORT MYERS, FL, US, 33907

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Vivek Kumar, President  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 9/18/2019  
Signature of Registered Agent Date

If signing on behalf of an entity:

Nancy Luna ((H20000023217 3)))  
Typed or Printed Name

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