F19000002300

	(Requestor's Name)				
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	(Address)				
(Address)					
	(City/State/Zip/Phone #)				
☐ PICK∙U	P WAIT	MAIL			
(Business Entity Name)					
	(Basiless Elliky Hame)				
		·			
(Document Number)					
Certified Copies	Copies Certificates of Status				
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Special Instruction	s to Filing Officer:				

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 111536 8357148					
AUTHORIZATION: Smelle son					
COST LIMIT : \$3500					
ORDER DATE: October 15, 2021					
ORDER TIME : 9:51 AM					
ORDER NO. : 111536-007					
CUSTOMER NO: 8357148					
CHANGE OF AGENT					
NAME: CATHYJON ENTERPRISES, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 613 inge is submitted for a corporation or ir to change its registered office or r	organized under the laws of the State	e of Calif	fornia	
	the corporation: CATHYJON ENTE	•	. og r tortu	ш.	
	office address: 2120 Main Street, #		8	-	
3. The mailing a	nddress (if different):				
4. Date of incorp	poration/qualification: 05/02/2019	Document number: F19	00000230	00	
	I street address of the current registe timent of State: (If resigned, enter re		le with the	e	
	Incorp Services, Inc.				
	17888 67th Court N				
	Loxahatchee	FL 33470		2021	
6. The name and (if changed):	d street address of the new registered	I agent (if changed) and /or registere	d office	2021 007 25	1 T
	Corporation Service Company		<u> </u>		.]
	1201 Hays Street				آر <u>ے</u> ا
	P.	O. Box NOT acceptable	nn	9	
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the st be identical.	treet address of the business office	of its regi	istered	agent,
Such change wa authoriz ed by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by en notified in writing of the change	y an offic	er so	
X_{i}	e & Gours	Jill Cilmi, Vice President			
Signatur	re of an officer or director	Printed or typed name	and title		
l further agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all d l am familiar with and accept the ng filed merely to reflect a change then notified in writing of this change Service Company	statutes relative to the proper and cobligation of my position as regis in the registered office address. I k	' complete tered age tereby con	perfor nt. Or, nfirm th	mance if this rat the
зу: <i>'С</i>	in Lei	10/25/2021			
Sigi	nature of Registered Agent	Date			
If signing on be	half of an entity:				
 	Asst. Vice President				
Ty	yped or Printed Name				

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

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