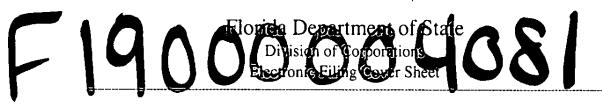
3/25/24, 11:40 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

cmalt	Address:	 		

## REGISTERED AGENT CHANGE CECOP USA INC.

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

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Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.			
,	2 2				
	the corporation: CECOP USA INC				
2. The principal	office address: 17035 Rainbow Fa	ilis Trail, Boca Raton, FL 33496			
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: Document number: F19000004081					
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the resigned)			
	Valencia Registered Services, LL	c			
	75 Valencia Avenue, Fourth Floor				
	Coral Gables, FL 33134				
6. The name and (if changed):	d street address of the new registo	cred agent (if changed) and /or registered office			
	Corporate Creations Network Inc.	7F. 20:			
	801 US Highway I	SECRETAR 25 P.O. Box NOT acceptable			
	P.O. Box NOT acceptable				
	West Palm Beach, FL 33408				
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of its registered arent,			
		adopted by its board of directors or by an officer so been notified in writing of the change.			
Ta	sha Edwards	Tasha Edwards, Attorney-in-Fact			
Signatu	re of an officer or director	Printed or typed name and title			
l further agrée of my duties, an document is bei	the appointment as registered of the comply with the provisions of all am familiar with and accepting filed merely to reflect a chars been notified in writing of this	ngent and agree to act in this capacity. If all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.			
Tan	nature of Registered Avent	03/25/2024			
J.6	,	Date			
If signing on be	chalf of an entity:				
	Special Secretary				
T	yped or Printed Name				

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