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Division of Corporations

Fax Number : (850)617-6380

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Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000059 : (800)277-9977 Phone Fax Number : (800)815-0477

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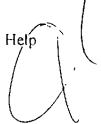
Michelle.Benton@pfgc.com Email Address:\_

## REGISTERED AGENT CHANGE GREEN RABBIT HOLDINGS, INC.

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Electronic Filing Menu

Corporate Filing Menu



Ву:

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

statement of cha	mge is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statut ganized under the laws of the State of Delaw ristered agent, or both, in the State of Floria	vare
	the corporation; Green Rabbit Holdings		
		raintree, MA 02184	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualitication: 09/23/2019	Document number: F190000043	35
5. The name and	•	dagent and registered office on file with the	e - <b>.</b>
	C T CORPORATION SYSTEM	) 	923
	1200 SOUTH PINE ISLAND ROAD	F	NOV -
	PLANTATION, FL 33324		į ω (
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and for registered office.	1023 NOV 13 AH 10: 05
	NRAI Services, Inc.		
	1200 South Pine Island Road		
	P.O. Plantation, Florida 33324	Box NOT acceptable	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its reg	istered agent.
		ned by its board of directors or by an offic notified in writing of the change.	er so
,	<u> </u>	A. Brent King, Secretary	
	the appointment as registered agent the appointment as registered agent to comply with the provisions of all st ad I am familiar with and accept the o ing filed merely to reflect a change in s heen notified in writing of this chan lnc.	rinled or typed using socialic and agree to act in this capacity tatutes relative to the proper and complete abligation of my position as registered age the registered office address, I hereby con ge.	performance nt. Or, if this nfirm that the
State	O A Bueno	11/10/2023 Date	
_	name of Registered Agens chalf of an entity:	Date	
	verie, Assistant Secretary  yped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	
М		Florida Department of State , P.O. Box 6327, Tallahassee, FL 3234	4

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