F20000002041

(Requestor's Name)	
(Address)	
(Acdress)	
(City/State/Zip/Phone #)	
PORUP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Coples Certificates of Status	
Special instructions to Filing Officer	
Office Use Only	



2021 MAY 19 AM 9: 42

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ALLAHASSEE, FLLA, MAY 20 2021 MAY 20 2021

ALBRITTON

CORPO	RATION	SER	VICE	COMPANY
1201	Hays St	tree	t	
Tallł	assee,	FL	3230)1
Phone	: 850-!	558-	1500	

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ACCOUNT NO. : I2000000	00.	195
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REFERENCE : 820862 7690287

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12.

COST LIMIT : \$ 35.00

ORDER DATE : May 19, 2021

ORDER TIME : :59 PM

ORDER NO. : 820862-005

CUSTOMER NO: 7690287

EXAMINER'S INITIALS:

CHANGE OF AGENT

NAME: FRASCOLD USA CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

1. The name of the corporation: Frascol	d USA Corporation
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2. The principal office address: 5343 Bowden Road, Suite 2, Jacksonville, Florida 32216

3. The mailing address (if different):

4. Date of incorporation/qualification: 4/30/2020 Document number: F20000002047

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)

	Northwest Registered Agent LLC	C		. •	20	
	7901 4th St N STE 300				2021 H.	22
	St Petersburg	FL	33702	 ۲	HAY I	ی د محدود جمعیت
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office			9 AH		
	Corporation Service Company				; ب ا :6	
	1201 Hays Street				2	
		P.O. Box NOT acceptable				

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.

Signature of an officer or director

Tallahassee

Kristian Ellefsen, CEO

05/19/2021

FL

32301

Printed or typed name and title

Date

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. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Joande & Plann

Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

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

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