F20000003854

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
OCT 19 2022			





000390869960

97/21/22--01012--010 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Parks Earhart Inc				
Name of Corporation				
DOCUMENT NUMBER: F20000003854				
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Ruth Goran				
Name of Contact Person				
Ruth Goran CPA				
Firm/Company				
8631 Keeler Ave				
Address				
Skokie, Illinois 60076				
City/State and Zip Code				
ruthgorancpa@gmail.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, pl	lease call			
Tot tarmer information concerning this matter, pr	icase cuit.			
Ruth Goran	at (847)287-7832 Area Code & Daytime Telephone Numb			
Name of Contact Person	Area Code & Daytime Telephone Numb			
Enclosed is a \$35.00 check made payable to the I	Department of State			
Enclosed is a 333.00 effect made payable to the I	Separtite in State.			
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
randidasce, i E 52514	Tallahassee, FL 32303			

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida S ation organized under the laws of the State of <u>l</u> ce or registered agent, or both, in the State of F	llinois
1. The name of t	the corporation: Parks Earhart	Inc	
2. The name of the control of the principal of the principal of the control of th	office address: 9349 Collins A	ve. Unit 601	
	Surfside, Floric		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 8/17/20	Document number: F2000000	13854
	d street address of the current attent of State: (If resigned, e	registered agent and registered office on file wi nter resigned)	th the
	Uri Ratner		_
	1145 16th St #1101		-
	Miami Beach, Fl 33139-2288		E III 2
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered off	<u> </u>
	Uri Ratner		- E E
	9349 Collins Ave Unit 601		
		P.O. Box NOT acceptable	- 23
	Surfside, Fl 33154		-
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of it	s registered agent,
Such change wa authorized by the	as authorized by resolution d he board, or the corporation l	uly adopted by its board of directors or by an has been notified in writing of the change.	officer so
	Cothe	Uri Ratner, Secretary	
_	re of an officer or director	Printed or typed name and to	lle
l further agrée of my duties, an document is bei	the appointment as registere to comply with the provision and I am familiar with and accing filed merely to reflect a c s been notified in writing of t	ed agent and agree to act in this capacity, s of all statutes relative to the proper and con cept the obligation of my position as registere, hange in the registered office address. I herel his change.	aplete performance dagent. Or, if this by confirm that the
1	Jullet .	7/15/22	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped or Printed Name		

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