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	To:						
		Division of Corporations					
10: 14	TATE From:	Fax Number : (850)617-6380					
HAY 25 AH	REEDANGSEE LLANGSEE	Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 mail address for this business entity to be used for	Figure 6	2022 HA)	ì ;		
2022	o annual	report mailings. Enter only one email address please		25	<u> </u>		
_	Bmail Ad	idress:	<u></u>	P. 1.2.	in		
•		D.	17				

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

Pursuant to the provis statement of change is in order to c	s submitted	for a cor	poration organ	ized under the i		of <u>DE</u>	his 	-
	_	_	-	_				
1. The name of the co		ODDATE EI	33300					
2. The principal office	U, FORT LAUDI	EKDALE, FL	. 33309	_				
3. The mailing addres	s (if differe	nt):						<u>-</u>
4. Date of incorporati	on/qualifica	ation:	1/09/2020	Documen	nt number:F	2000000509) 3	_
The name and street Florida Departmen			_		ered office on file	e with the		
Lo	OUIS, EM	MANU	EL					
	151 W CY	PRESS (CREEK RD ST	TE 300				
F(<u>ORT LAU</u>	DERDA	LE, FL 33309			<u> </u>	202	
6. The name and stree (if changed):	et address o	f the new	v registered agei	nt (if changed)	and /or registered	office	2022 MAY) ;
1	EGALING	CORP	ORATE SERV	VICES INC.		<u> </u>	25	
_ 5.	5237 SUMMERLIN COMMONS BLVD, SUITE 400						PX	
F	ORT MYI	ERS, FL,		x NOT acceptable			12: 17	*/
The street address of as changed will be id	its register lentical.	red office	e and the street	address of the	business office of	of its register	red ager	nt,
Such change was autauthorized by the box	thorized by ard, or the	resolutio corporati	on duly adopted ion has been no	d by its board of tified in writin	of directors or by g of the change.	an officer so	D	
Emman	uel Lou	ris.		Emma	nuel Louis, P	resident		
Signature of an I hereby accept the a I further agree to come of my duties, and I an document is being fil corporation has been	officer or dire	clor	stered agent an sions of all stat l accept the obl t a change in th of this change	P	rinted or typed name a	nd tille	formar Or, if t n that t	nce his he
alu	For				5/25/2022			
Ū	of Registered	•	 _		Date			_
If signing on behalf		:						
Erik Treutle	ein r Printed Name							
•			* * FILING FE	EE: \$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)