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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ Name	ECT: LABSTER INC. of Corporation				
DOC	UMENT NUMBER: F21000000822				
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.			
Please	e return all correspondence concerning this	s matter to the following:			
Meliss	sa Jones				
Name	of Contact Person				
ZenBu	usiness Inc.				
Firm/0	Company				
336 E.	. College Ave. Suite 301				
Addre	rss				
Tallah	assee, FL 32301				
City/S	state and Zip Code				
	ra@zenbusiness.com				
E-mai	il address: (to be used for future annual	report notification)			
	(,,			
For fu	rther information concerning this matter, p	olease call:			
Meliss	sa Jones	at (844) 493-6249			
-	Name of Contact Person	at (844) 493-6249 Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the				
	Mailing Address:	Street Address:			
	Mailing Address: Amendment Section	Amendment Section			
	Division of Corporations Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporatio r to change its registered office o	on organized .	mder the laws of the Sta	te of DELEV	VARE		
1. The name of t	he corporation: LABSTER INC.						
2. The principal NEW YORK, N	office address: 19 W. 34TH ST	STE. 1018		_			
3. The mailing a	ddress (if different):	·					
	poration/qualification: 02/11/202						
	I street address of the current reg tment of State: (If resigned, enter		and registered office on t	file with the			
	INCORPORATING SERVICES.	.LTD.					
	1540 GLENWAY DR.						
TALLAHASSEE, FL 32301							
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (2022 JUL 11		
	ZenBusiness Inc.				=	11273 11273	
	336 E. College Ave. Suite 301					. 7	
	W. H. J. 20201	P.O. Box NOT	acceptable	——— ,	PH 12:	O	
	Tallahassee, FL 32301						
The street addre as changed will	ess of its registered office and the be identical.	he street addr	ess of the business offic	e of its regis	tered a	igent, 🕾	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by in the adopted by its been notified	ts board of directors or lin writing of the chang	by an office e.	r so		
/s/ Michael Bodekaer		Mi	chael Bodekaer				
· ·	re of an officer or director		Printed or typed nam				
I further agree i of my duties, an document is bei	the appointment as registered of comply with the provisions of all am familiar with and accepting filed merely to reflect a chair been notified in writing of this	fall statutes i t the obligation ge in the reg	ree to act in this capacit relative to the proper an on of my position as reg istered office address, I	y. id complete istered agen hereby conj	perfori t. Or, firm th	nance if this at the	
Than A.	emilje	06	/29/2022				
Sign	nature of Registered Agent		Date				
If signing on be	half of an entity:						
Khadijeh Hemma	ati						
T	yped or Printed Name						

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