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(((H23000417003 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

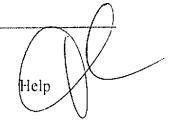
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REGISTERED AGENT CHANGE ROBIN POWERED, INC.

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Corporate Filing Menu



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COVER LETTER

TO: Amendment Section Division of Corporations Robin Powered, Inc. SUBJECT: Name of Corporation F21000001119 DOCUMENT NUMBER: 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: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

Name of Contact Person

Mailing Address:

Lori Whalen

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050. nge is submitted for a corpora r to change its registered office	tion organized und	er the la	ws of the State of _	Delaware	
1. The name of t	he corporation: Robin Po	owered, Inc.				
2. The principal	office address: 11 FARNSV	VORTH STREE	T FL.	2 BOSTON, M	1A 02210	
	ddress (if different): 11 FAR		REET	FL. 2 BOSTON	N, FL 02210	-
4. Date of incorp	coration/qualification: 2/25/2	2021 _{De}	cument	number: <u>F2100</u>	0001119	-
	I street address of the current re tment of State; (If resigned, en		registere	ed office on file wi		
	TRAC-THE REGIS	TERED AGE	NT C	YNAPMC	0231	المراجعة
	236 E. 6TH AVENUE				2023 DEC -	,- <u></u>
	TALLAHASSEE		FL	32303	6 AM	e Fi
6. The name and (if changed):		C				
	Registered Agent S	Solutions, Ind	.			
	2894 Remington G	_				
	Tallahassee FL 3230			Ω		
	- I dilatiassee		3230	<u> </u>	_	
The street addre	ess of its registered office and be identical.	the street address	of the bu	isiness office of it	ts registered agent,	
Such change wa authorized by th	is authorized by resolution du ie board, or the corporation ha	ly adopted by its b is been notified in	oard of o writing o	directors or by an of the change.	officer so	
s/ Jaclyn	Wright	Jaclyn	_	1t ted or typed name and to	Authorized Pers	on
l further agrée t of my duties, an document is bei	the appointment as registered o comply with the provisions d I am familiar with and acce ng filed merely to reflect a cho been notified in writing of the	of all statutes rela pt the obligation o ange in the registe	to act in tive to th f my pos red offic	this capacity. ie proper and con ition as registere e address, I herel	nplete performance d agent. Or, if this by confirm that the	
Mo	الله مزوامه	12/6	/2023			
Sign	nature of Registered Agent			Date		
If signing on bel	half of an entity:					
Mackenzie Hible	r, Assistant Secretary					
T ₃	yped or Printed Name					
	, ***FI	LING FEE: \$35.0	ж**			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)