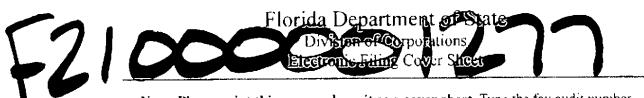
2/16/22, 10:09 AM

Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

inter 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 THE 5TH INGREDIENT, INC.

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By:

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

		1502, 607.1508, or 617.1508, Florida Statut unized under the laws of the State of DELA	
	-	istered agent, or both, in the State of Florida	a.
1. The name of	the corporation: THE 5TH INGREDIES	VT, INC.	
2. The principal	office address: \$004 NW 154TII STRE	ET, #652 MIAMI LAKES, FL 33016	
3. The mailing a	address (if different):		
4. Dateofincorp	oration/qualification: 03/05/2021	Document number: F21000001277	
	d street address of the current registered then to f State: (1f resigned, enterresigned, enterre	d agent and registered office on file with the ned)	
	AGRAWAL, PUŁKIT K		
	8004 NW 154TH STREET, #652		
	MIAMI LAKES, FL 33016		2022
6. The name and (ifchanged):	d street address of the new registered a	gent (if changed) and /or registered office	1022 FED 16
	C T Corporation System		77
	1200 South Pine Island Road		28 :GI ::-7
	Plantation, Florida 33324	Box NOT acceptable	%
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its regis	stered agent
Such change wa authorized by th	as authorized by resolution duly adoptive board, or the cornoration has been in	ted by its board of directors or by an office notified in writing of the change.	r so
Pullet	V. of	CEO .	
Signatu	re of an officer or director	Printed or typed name and title	
i jurther agree t of my duties, an document is bei	d I am familiar with and accept the or ng filed merely to reflect a change in s been notified in writing of this chang System	atules relative to the proper and complete bligation of my position as registered ager the registered office address, I hereby con te.	it. 'Or. if thi
	CHURTHIN VOICE ASSESSMENT SECTION SECT		
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Christine Kelm			
T	ped or Printed Name		
	* * * 1211 18/22 1	2012, 022 00 4 4 4	