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Division of Corporations

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Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107

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\*\*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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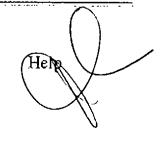
## REGISTERED AGENT CHANGE NDT MANAGEMENT & PUBLIC RELATIONS, INC.

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

Pursuant to the statement of c	te provisions of sections 607.0502 hange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida S ion organized under the laws of the State of $\overline{1}$	Statutes, this Texas
in or	der to change its registered office	or registered agent, or both, in the State of F	lorida.
		EMENT & PUBLIC RELATIONS, INC.	
2. The principa	al office address: 983 EASTSIDE I	AKE ROAD GRAHAM, TX 76450	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/08/202	Document number: F2100000	1544
<ol><li>The name ar</li></ol>	nd street address of the current reg artment of State: (U resigned, ente	distered agent and registered office on 614 - 44	b the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	)AD	
	PLANTATION, FL 33324		
6. The name an (if changed):	d street address of the new registe	ared agent (if changed) and /or registered office	2023 JUN
	Corporate Creations Network Inc.		. ~
	301 US Highway 1		
		P.O. Box NOT acceptable	· 3
	North Palm Beach FL 33408		<u>ب</u> مر
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its r	registered agent
Such change we authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an of seen notified in writing of the change.	ficer so
- Tape	- Late Sur	Marja Souza, Attorney-in-Fact	
	re of an officer of director	Printed or typed name and title	
I hereby accept I further agree to of my duties, an document is being corporation has	the appointment as registered as comply with the provisions of a d I am familiar with and accept the filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and complete obligation of my position as registered age in the registered office address, I hereby thange.	ete performance gent. Or, if this confirm that the
Maple	26	06/29/2023	
	ature of Registered Agent	Date	<del></del>
If signing on bel	naif of an entity:		
Marja Souza, Spe	cial Secretary		
Ту	ped or Printed Name		

\* \* \* FULING FEE: \$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)