Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Phone

Account Number : I2009000081 : (307)200-2803

Fax Number : (855)330-1010

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Email	Address:		_	 	

## REGISTERED AGENT CHANGE CROWD CAPITAL CO

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu



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

statement of ch	provisions of sections 607,0302, 617,030 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of $\underline{De}$	eleware
1. The name of	the corporation; Crowd Capital Co		
3. The mailing a	address (if different):		******
4. Date of incor	poration/qualification: 03/23/2021	Document number: F210000	01949
	d street address of the current registered a rtment of State: (If resigned, enter resigne		i the
	ROTTER, CHRISTIAN		
	31 NE 17th St		
	Miami, FL 33132		2023 HAY
6. The name and (if changed):	IAY 10		
	Registered Agents Inc		SSET
	7901 4th St N STE 300		8: 30 STATE
	P.O. Box	NOT acceptable	, E. •
	St. Petersburg FL 33702		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its i	registered agent,
Such change wanthorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	l by its board of directors or by an of tified in writing of the change.	flicer so
Chris	fine Roffer	Christian Rotter	
<del>-</del> ·	re of an officer or director	Printed or typed name and title	
hereby accept further agree to fmy duties, an locument is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this capacity, ites relative to the proper and comp gation of my position as registered of registered office address, I hereby	lete performance igent. Or, if this confirm that the
David Acests		05/10/2023	
Sig	nature of Registered Agent	Date	
f signing on be	half of an entity:		
David Robe	erts		
1	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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