(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

Office Use Only



700377213817

12/13/21--01009--014 **35.00

2821 DEC 16 ATT 9: 37 2021 DEC 13 AM ID: 49

DEC 20 2021 IALBRITTON

CORPORATE

When you need ACCESS to the world

ACCESS, ____

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK U	JP: <u>12/13/2021</u>
		CERTIFIED COPY	
	xx	РНОТОСОРУ	
		CUS	
	xx	FILING	AMENDMENT
1.		H. B. INTERNATIONAL GROUP, INC.	
		(CORPORATE NAME AND DOCUMEN	NT#)
2.		(CORPORATE NAME AND DOCUMEN	NT #)
3.		(CORDORATE MAME AND DOCUMENT	
		(CORPORATE NAME AND DOCUMEN	NI #)
4.		(CORPORATE NAME AND DOCUMEN	NT #)
5.		(CORPORATE NAME AND DOCUMEN'	NT #)
6.			
		(CORPORATE NAME AND DOCUMENT	NT#)
	ECIA STRU	L CTIONS:	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2021

CORPORATE ACCESS, INC.

SUBJECT: HEALTH & BUSINESS DEVELOPMENT INTERNATIONAL, INC.

Ref. Number: F21000002285

We have received your document for HEALTH & BUSINESS DEVELOPMENT INTERNATIONAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent information in the spaces provided in part 6 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

ALLAHASSEE, FL

Letter Number: 821A00030107

Corrected

RECEIVED

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

statement of chi	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of <u>Nevada</u> or registered agent, or both, in the State of Florida.		
I. The name of	the corporation: H. B. INTERNAT	TONAL GROUP, INC.		
		reet, Lighthouse Point, FL 33064		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/23/202	1 Document number: F21000002285		
	d street address of the current regirtment of State; (If resigned, enter	istered agent and registered office on file with the resigned)		
	REGISTERED AGENT SOLUTIO	NS, INC.		
	155 OFFICE PLAZA DR. SUITE	Α	202	
	TALLAHASSEE, FL 32301			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	REGISTERED AGENT S	OLUTIONS, INC.	MI 9:	
	155 OFFICE PLAZA DR.		37	
	TALL 4114 0055 51 0000	P.O. Box NOT acceptable		
	TALLAHASSEE, FL 3230			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regist	cred agent,	
Such change was	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer been notified in writing of the change.	so	
4	-	Blake C. Alsbrook		
I hereby accept I further agree of my duties, an document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this c	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent, ge in the registered office address, I hereby confi change.	erformance Or if this rm that the	
Villen	M	12/10/2021		
\cup	half of an entity:	Date		
Jaclyn Wrigh	t, Asst. Secretary			
	yped or Printed Name	_		

* * * FILING 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)