Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002433993)))



H210002433993ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:			=				
		Division of Cor	Division of Corporations					
		Fax Number	: (850)617-6380	1				
	From:			7				
		Account Name	: LEGALINC CORPORATE SERVICES INC.	Ü				
56	• •	Account Number	: I20180000011	11				
	•!	Phone	: (844)386-0178	٠				
ö	•	Fax Number	: (214)317-4754	-				
	•							
*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Bmail Address:								
	Rweil L	adress:						
2021	, , :							

REGISTERED AGENT CHANGE RDFN VENTURES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUN 2 3 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

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

DE in orde	r to change its registered offic	ation organized under the laws of the State of ce or registered agent, or both, in the State of Florida.		_	
1. The name of t	he corporation: RDFN VENT	CURES, INC.			
2. The principal	office address: 1099 STEWA	RT STREET, SUITE 600. SEATTLE, WA 98101		-	
3. The mailing a	ddress (if different):			-	
4. Date of incom	oration/qualification: 06/04/2	Document number: F21000003410			
5. The name and		registered agent and registered office on file with the			
	NRAI SERVICES, INC.				
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, FL 33324				
6. The name and (if changed):	istered agent (if changed) and /or registered office	WITAN Person	2021 JUN 22		
	LEGALINC CORPORATE S	ERVICES INC.	ASS.	₹2	
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				
		P.O. Box. NOT acceptable		AM 8:	ر·
	FORT MYERS, FL 33907			<u></u>	
The street addre	ss of its registered office and be identical.	d the street address of the business office of its regist	ered age		
Such change wa authorized by th	s authorized by resolution de board, or the corporation b	uly adopted by its board of directors or by an officer has been notified in writing of the change.	so		
alastra	Lappur -	Anthony Kappus, Secretary			
Signatur	e of the officer or director	Frinted or typed name and title		_	
l further agree t of my duties, an document is bet	o comply with the provisions d I am familiar with and acc	ed agent and agree to act in this capacity. It is of all statutes relative to the proper and complete p ept the obligation of my position as registered agent, hange in the registered office address, I hereby confi his change.	. Or. 11 t	this	
$\langle \rangle$	200-	6/21/2021			
Sign	nature of Registered Agent	Date		_	
If signing on be	half of an entity:				
Anna Manukyan					

* * * 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)

Typed or Frinted Name