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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Email Address:_

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

: (561)694-8107

Phone

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE URBAN SHIPPER TECHNOLOGY INC.

Certificate of Status	0
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Estimated Charge	\$35.00

ALBRITTON

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

	<u>-</u>	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Nevada	_
in orde	r to change its registered office or	registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Urban Shipper Tee	haology Inc.	_
		NY SOUTH SUITE 304 GULFPORT, FL 33707	
	ddress (if different):		
4. Date of incorp	oration/qualification: 08/11/2021	Document number: F21000004586	
	street address of the current regis trnent of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	VCORP SERVICES, LLC		
	1200 S PINE ISLAND ROAD	2022 S.E.	
	PLANTATION, FL 33324	HAR	c±
PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporate Creations Network Inc.			
	Corporate Creations Network Inc.	miss -	
	801 US Highway 1	ATE C	<u>ب</u> ک
		P.O. Box NOT acceptable	
	North Palm Beach, FL 33408		
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its registered age	nt,
Such change wa authorized by th	s authorized by resolution duly a se board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change. Lauren Underwood, Attorney-in-Fact for	
delle	e of an officer or director	DOUGLAS CLEMONS Printed or typed name and title	_
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t	ent and agree to act in this capacity. Il statutes relative to the proper and complete performan he obligation of my position as registered agent. Or, if t e in the registered office address. I hereby confirm that t	nce his the
Luu		03/15/2022	
Sig	nature of Registered Agent	Date	-
If signing on be	half of an entity:		
Lauren Underwo	od, Special Secretary		
Ty	ped or Printed Name		

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