F21000005301

| (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: |
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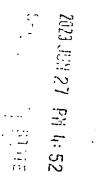
Office Use Only



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S. CHATHAM AUG 1 U 2023





5716 Corsa Ave Suite 110 Westlake Village, CA 91362

Phone: (818) 264-4266 Toll-Free: (888) 366-9552 Fax: (877) 366-9552 www.DoMyLLC.com

June 22, 2023

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Application for Agent Change and fee for GUAVAPAY USA CO.

Check #: 5107

Check Amount: \$35

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC Attn: Processing 5716 Corsa Ave. Suite 110 Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing@domyllc.com www.DoMyLLC.com

COVER LETTER

IO: Amendment Section Division of Corporations SUBJECT: GUAVAPAY USA CO. Name of Corporation DOCUMENT.NUMBER: F21000005301 The enclosed Statement of Change of Registered Office Agent and fee are submitted for filing Please return all correspondence concerning this matter to the following Steven Pickett Name of Contact Person DoMyLLC.com, LLC Lirm/Company 5716 Corsa Ave. - Suite 110 Address Westlake Village, CA 91362-7354 City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Pickett on behalf of DoMyLLC.com, LLC
Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a \$35,00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR21045/04/15

P.O. Box 6327

Tallahassee, FL 32314

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

| ursuant to the provisions of sections 60° 0502-61° 0802, 60° 1508 or 61° 1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \mathbb{\mathbar\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbar\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbar\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbar\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbar\mathbar\mathbar\mathbar\mathbar\mathbar\mathbar\mathbar\mathbar\mathbar\mathbar\max\max\max\max\max\max\max\max\max\max |
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| |
| The name of the corporation: GUAVAPAY USA CO |
| The principal office address 175 Olde Half Day Road, Ste. 140-17 |
| Lincolnshire, IL 60069 |
| The mailing address (if different), |
| Date of incorporation/qualification:09/14/2021 Document number: F21000005301 |
| . The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| C T CORPORATION SYSTEM |
| 1200 South Pine Island Road Plantation, FL 33324 |
| Plantation, FL 33324 |
| o. The name and street address of the new registered agent (if changed) and or registered office (if changed): |
| InCorp Services, Inc. |
| 3458 Lakeshore Drive |
| P.O. Box. NOT acceptable Tallahassee, FL 32312 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change |
| Farid Hasanov. Chief Executive Officer |
| Printed or typed national title I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, it this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| O6/01/2023 Signature of Repostered Agent Date |
| If signing on behalf of an entity: |
| Louise Breytenbach on behalt of InCorp Services, Inc |
| Typed or Printed Name |
| * * * FILANG FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALEAHASSTE, FL 32314
CR21045 69 13)