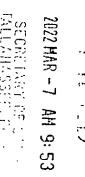
## F21000005594

(Reques	tor's Name	)				
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(City/Sta	te/Zip/Phoi	ne #)				
PICK-UP	TIAW	MAIL				
(Busines	ss Entity Na	ame)				
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Certified Copies	Certificate	es of Status				
Special Instructions to Filing Officer:						
J. HOR	NE					
MAR 15	2022					

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Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations	,			
SURJECT, Publicks House Inc				
SUBJECT: Publicks House Inc Name of Corporation				
DOCUMENT NUMBER: F21000005594				
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Lisa Principato				
Name of Contact Person	<del></del>			
Publicks House Inc				
Firm/Company	<del></del>			
1937 E Atlantic Blvd. Suite.106				
Address	<del></del>			
Pompano Beach, Fl 33060				
City/State and Zip Code	<del></del>			
lp@stimulusfunding.com				
E-mail address: (to be used for future annua	I report notification)			
For further information concerning this matter, p	please call:			
Lisa Principato	or (203 ) 448-9484			
Name of Contact Person	at (203 )448-9484 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810			
	Tallahassee, FL 32303			

CR2E045 (04/13)

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

statement of cha	provisions of sections 60 inge is submitted for a co ir to change its registered	orporation organized	l under the laws of the	State of _			
1. The name of	the corporation: Publicks	House Inc					
2. The principal Pompano Beach	office address: 1937 E At	tlantic Blvd Suite,106					
3. The mailing a	iddress (if different):						<del></del>
4. Date of incorporation/qualification: 07/07/2021 Document number: F2100000					5594		
	l street address of the cur tment of State: (If resign		t and registered office	on file wit	h the		
	Lawrence Principato						
	4161 NE 30th Terrace						
	Lighthouse Point, Fl 3300	64			_		
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or reg	istered off	SECNE IA	2022 MAR -	````
	Lisa Principato					-7	: = mare:
	1937 E Atlantic Blvd. Su	nite106			19	<u> </u>	. !
	P.O. Box NOT acceptable Pompano Beach, FI 33060				:	9: 54	<i>ر</i> ي
The street address changed will	ess of its registered offic be identical.	ee and the street add	ress of the business of	office of its	regist	ered a	gent.
Such change was authorized by the	ns authorized by resoluti ne board, or the comporat	ion duly adopted by tion has been notific	its board of directors ed in writing of the ch	or by an o lange.	officer	so	
Signatu	re of an other or director	<u>I.</u>	isa Principato  Printed or typec	name and fit	e		
Lhereby accept Llurther agree	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec s been notified in writing	isions of all statutes	gree to act in this cap relative to the prope	acity. r and com	nlete n	erforn . Or rm the	nance if this it the
/			/3/2022				
JA Sil	lature of Registered Agent		Da	te			
If signing on bo	half of an entity:						
1	yped or Printed Name						

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