Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3995 Fax Number

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

Email	Address:	

## REGISTERED AGENT CHANGE ROLDNA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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

To:

By:

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re			
I. The name of the corporation: ROLDNA, INC.			
2. The principal office address: 156 CASCADE DR.,	FAIRFAX, CA 94930		
3. The mailing address (if different):			
4. Date of incorporation/qualification:11/18/2021_	Document number: F21000006649		
5. The name and street address of the current register Florida Department of State: (If resigned, enter res			
INCORPORATING SERVICES, LT	D.		
1540 GLENWAY DR.			
TALLAHASSEE, FL 32301			
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office		
C T Corporation System	· é		
1200 South Pine Island Road	1200 South Pine Island Road		
Plantation, Florida 33324	O. Box NOT acceptable		
The street address of its registered office and the st as changed will be identical.	reet address of the business office of its registered agent,		
Such change was authorized by resolution duly add authorized by the board for the corporation has bee	opted by its board of directors or by an officer so a notified in writing of the change		
Cath M	Catherine Hoyle, Officer		
Signature of an officer or director	Printed or typed name and file		
of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this cha	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the		
CT Corporation System	03/15/2023		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
SEAN L. EMERICK, ASSISTANT SECRETARY			
Typed or Printed Name  * * * FILING	7 FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2F045 (04/13)