Electronic Filing Cover Sheet

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(((H24000198323 3)))



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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

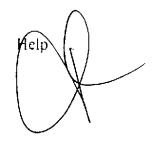
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REGISTERED AGENT CHANGE UNDERDOG TECHNOLOGIES, INC.

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

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	unge is submuted for a	a corporation orga	02, 607,1508, or 617,1508, 14 mized under the laws of the Sta tered agent, or both, in the Sta	ate of DE			
	the corporation: Unde			не ој витиа.			
	office address: 20 We						
3. The mailing a	address (if different):	· - · · · · · · · · · · · · · · · · · ·					
4. Date of incorp	poration/qualification.	12/20/2021	Document number: F2	1000097264	-		
5. The name and		current registered	agent and registered office on		-		
	Lin, Kurtis						
	1200 South Pine Islan	nd Road Plantation,	F1. 33324	2024 JUN -6	13		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					(
	C T Corporation Syst	tem		8: 03			
	1200 South Pine Islan	d Road		, –			
	P.O. Box NOT acceptable Plantation, Florida 33324						
The street addre	ess of its registered of be identical.	Tice and the street	address of the business office	e of its registered agent,			
Such change wa authorized by th	is authorized by resol to board, or the corpo	ution duly adopte ration has been no	d by its board of directors or lotified in writing of the chang	by an officer so			
Signature of an officer of director			Todd Syohoda, Vice Presider	nt			
	the appointment as re o comply with the pro d I am familiar with a ng filed merely to refi been notified in writ System	egistered agent an ovisions of all sta und accept the ob- lect a change in th ing of this change	Printed or typed name and agree to act in this capacity that is relative to the proper an iguion of my position as region registered office address, I				
	Muka	How.	6/4/2024				
_	nature of Registered Agent	Michele Holden, Assi	Date stant Secretary				
Ty	ped or Printed Name						
		* * * FILING FI	EE: \$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)

By: