Division of Corporations

Electronic Filing Cover Sheet

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(((H240000689173)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number ; (614)573-3996

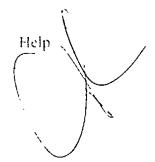
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SEVEN JAVA VENTURE INC.

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

Electronic Filing Menu — Corporate Filing Menu



To:

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Delaware or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: SEVEN JAVA VENTURE INC.
I. The name of t	office address: 688 EAST MILLSAP ROAD SUITE 200
2. The principal FAYETTEVILLI	
3. The mailing a	iddress (if different):
4. Date of incorp	poration/qualification: 02/25/2022 Document number: F22000001262
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Reagan, Antoinette, CEO
	688 E. Millsap Rd Suite 200, Fayetteville, FL 72703
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office C T Corporation System
	C T Corporation System
	1200 South Pine Island Road
	Plantation, Florida 33324
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so le board, or الله وorporation has been notified in writing of the change.
Quitor	Antoinette Resign CEO
I hereby accept to a further agree to of my duties, and document is bein corporation has CT Corporation	the appointment as registered agent and agree to act in this capacity, or comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ne filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. System
	02/12/2024
	nature of Registered Agent Oute
	half of an entity:
	Assistant Secretary ped or Printed Name
ty	* * * FILING FEE: S35.00 * * *

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E645 (04/15)

By: