11/30/2022 11:59:55 Page: 1/3 11/29/22,8 orida Department of **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H22000402737 3))) H220004027373ABC. Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 2002 HOY 30 AH 10: 56 To: Division of Corporations Pax Number : (850)617-6380 From: : INCFILE.COM LLC Account Name Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613 0ť **Bnter the email address for this business entity to be used for future "annual report mailings. Enter only one email address please.** •• 2 2 3 2 3 3 EFILE1234@INCFILE.COM Ч Email Address: 2022 NOV 3,0 **REGISTERED AGENT CHANGE** FANTASY CAPITAL INC Certificate of Status 0 Certified Copy 0 03 Page Count Estimated Charge \$35.00 A. RAMSEY DEC -2 2022

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(((H22000402737 3)))

COVER LETTER •

TO: Amendment Section Division of Corporations

SUBJECT: FANTASY CAPITAL INC

Name of Corporation

DOCUMENT NUMBER: F22000001351

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:

LOVETTE DOBSON

Name of Contact Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 LOVETTE DOBSON
 at (888)
 462-3453

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

(((H22000402737 3)))

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

(((H220004027373)))

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ______

2. The principal office address: 7901 4TH ST N STE 300, ST PETERSBURG, FL 33702

7901 4TH ST N STE 300, ST PETERSBURG, FL 33702 3. The mailing address (if different):

4. Date of incorporation/qualification: $\frac{03/07/2022}{-}$ F22000001351 Document number

5. 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)

REGISTERED AGENTS INC.

7901 4TH ST N STE 300

ST PETERSBURG, FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REPUBLIC REGISTERED AGENT LLC

1150 NW 72nd Ave Tower 1 Ste 455

P.O. Box NOT acceptable

Miami, FL 33126

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.

of an officer o

Steven Ammann, President Printed or typed name and title

Date

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, if 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.

11/29/2022

Signature of Registered Agent

If signing on behalf of an entity:

Loyette Dobson

Typed or Printed Name

* * FILING FEE: \$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)