Electronic Filing Cover Sheet

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(((H23000251497 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

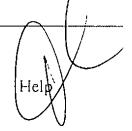
\*\*Enter the email address for this business entity to be used for future \[\] annual report mailings. Enter only one email address please. \*\*

Email Address:

## REGISTERED AGENT CHANGE HOVERSTATE 2.0, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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To: 18506176380 From: 12147128131 Date: 07/18/23 Time: 9:44 PM Page: 02/02

(((H23000251497 3)))

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

statement of c	he provisions of sections 607.6 change is submitted for a corpo rder to change its registered of	oration organized i	inder the laws of the State o	r CA
	of the corporation: HOVERSTA		gent, or trom, in the situe of	r tortaa,
2. The princip	oal office address: 21255 BURB		20	
	HILLS, CA 91367	·		
3. The mailing	g address (if different):	(2/22		
	orporation/qualification: 03/31			_
5. The name a Florida Dep	and street address of the current partment of State: (If resigned,	t registered agent a enter resigned)	nd registered office on file v	vith the
	NORTHWEST REGISTERE	ED AGENT LLC		
	7901 4TH ST N STE 300			<del>-</del>
	ST PETERSBURG, FL 3370	02		<del></del>
6. The name a (if changed)	nd street address of the new re	gistered agent (if c	hanged) and /or registered o	ffice
	LEGALING CORPORATE S	SERVICES INC.		
	476 Riverside Ave			<del>-</del> ;-
		P.O. Box NOT a	ceptable	
	Jacksonville, FL, 32202			- <del></del>
The street add as changed wi	ress of its registered office an Il be identical.	d the street addres	s of the business office of i	
Such change vauthorized by	vas authorized by hesolution of the board, or the corporation	luly adopted by its has been notified i	board of directors or by an writing of the change.	officer so
	termely	Andı	riy Stytsyuk, President	
I hereby accept I further ourse	of the appointment as registered to the appointment as registered to comply with the provision and I am familiar with and account filed merely to reflect a case been notified in writing of t	ed agent and agree sept the obligation hange in the regis. his change	Printed or typed name and to to act in this capacity, ative to the proper and con of my position as registere tered office address, I heret	
	THA !			
Si	gnature of Registered Agent		202.3 Date	
If signing on b	chalf of an entity:			
Erik Treutlein				
	Typed or Printed Name			
	4 4 4 17		00 1 1 1	

\* \* \* 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)