## F22000002765

(Requestor's Name	)
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Special Instructions to Filing Officer.	
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\*CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 487748 4321862			
AUTHORIZATION CONTRACTOR			
COST LIMIT : \$ 35.00			
ORDER DATE : June 5, 2024			
ORDER TIME : 12:58 PM			
ORDER NO. : 487748-007			
CUSTOMER NO: 4321862			
CHANGE OF AGENT			
NAME: CLUTTER INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY  XX PLAIN STAMPED COPY			
CONTACT PERSON: Amanda Miller			

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corpord	92, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of se or registered agent, or both, in the State of	DE
1. The name of t	he corporation: CLUTTER IN	C.	
2. The principal	office address: 8605 Santa M	onica Blvd #66171 West Hollywood, CA 900	069
3. The mailing a	ddress (if different):		
		2022 Document number: F22000	
	I street address of the current r tment of State: (If resigned, co	registered agent and registered office on file winter resigned)	vith the
	REGISTERED AGENT SO	LUTIONS, INC.	
	2894 REMINGTON GREEN	LANE SUITE A	_
	TALLAHASSEE	FL 32308	_
6. The name and (if changed):	Corporation Service Compa	istered agent (if changed) and /or registered or	Mice 2024 JUN 19 53 10:
	1201 Hays Ollect	P O Box NOT acceptable	
	Tallahassee	FL 32301	- :: : :: : : : : : : : : : : : : : : :
-		the street address of the business office of i ily adopted by its board of directors or by ar as been notified in writing of the change.	ts registered agent,
/s/Christine 2		Christine Zhang	Asst. Secretary
I hereby accept to I hereby accept to I further agree to of my duties, and document is being corporation has	e of an officer or director  the appointment as registered to comply with the provisions of I am familiar with and according to reflect a ch to been notified in writing of the to Service Company	Printed or typed name and the discrepancity of all statutes relative to the proper and compited the obligation of my position as registered ange in the registered office address. I here its change.	ıtle
Bx: Linaca	-Co-Kubi,	6/5/2024	
Sign If signing on bel	nature of Registered Agent	Date	
	·		
	Asst. Vice President ped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*