Florida Department of State División of Sorporations Electronia Filing Cover Sheer

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| To: | | | | |
|----------|--------------------------|--|----------|----------|
| | Division of Corporations | | | |
| | Fax Number | : (850)617-6380 | | |
| From: | | | | ~ 3 |
| | Account Name | : CAPITOL CORPORATE SERVICES, INC. | , ř | 2024 OCT |
| | Account Number | : 120160000048 | <u> </u> | <u> </u> |
| | Phone | : (800)345-4547 | \Box ; | \equiv |
| | Fax Number | : (800)432-3622 | , | |
| | | ` ' | ٠, - س | 1 |
| | | | | 2 |
| Enter th | ne email address | for this business entity to be used for | fûture | |
| | | gs. Enter only one email address please. | | 3 |
| | | 30 July 0/12 cmall data too problem | رين نط | 2: |
| Emad | l Address: | | | 1.2 |

REGISTERED AGENT CHANGE 2387188 ONTARIO LTD, CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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Corporate Filing Menu

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CR2E045 (04/13)

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

| | rganized under the laws of the State of ONTARIO |
|--|--|
| | egistered agent, or both, in the State of Florida. |
| 1. The name of the corporation: 2387188 ONTAR | |
| 2. The principal office address: 1744 Waterdown | Rd. Burlington, Ontario L7P 5A1 CA |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 5/16/2022 | 2 Document number: F22000003049 |
| 5. The name and street address of the current register Florida Department of State: (If resigned, enter res | red agent and registered office on file with the |
| COGENCY GLOBAL INC. | CT OCT |
| 115 N CALHOUN ST, STE 4 | -2 |
| TALLAHASSE, FL 32301 | SEE. S |
| 6. The name and street address of the new registered (if changed): | agent (if changed) and /or registered office: |
| Capitol Corporate Services, Inc | o |
| 515 East Park Avenue 2nd Fl | |
| Tallahassee, FL 32301 | D. Box NOT scorptable |
| The street address of its registered office and the su as changed will be identical. | reet address of the business office of its registered agent, |
| Such change was authorized by resolution duly add authorized by the board, or the corporation has been | opted by its board of directors or by an officer so n notified in writing of the change. |
| Later | Mario Zelaya |
| Signature of an officer of director I hereby accept the appointment as registered agen I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change i corporation has been notified in writing of this cha | Printed or typed name and title It and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the nge. |
| Sim Parliver | 10 / 02 / 2024 |
| Signature Registered Agent | Date |
| If signing on behalf of an entity: | |
| Brian Radecki, Assistant Secretary on behalf | of Capitol Corporate Services, Inc. |
| * * * FILING | FEE: \$35.00 * * * |
| MAKE CHECKS PAYABLE TO MAIL TO: DIVISION OF CORPORATION | FLORIDA DEPARTMENT OF STATE s, P.O. Box 6327, Tallahassee, FL 32314 |

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