(R	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Bo	usiness Entity Name)		
(Do	ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
!			
	JE.		
J. H.	DRNE 2024		
Office Use Only			



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ייייט אַרוּטאָן פּייטאָל וּטאָן פּייטאָל וּטאָן פּאָן פּא () 2024 APR 12 PM 3: 21 RECEIVED

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

> ACCOUNT NO. : 120000001950 REFERENCE : 400732 8444652

AUTHORIZATION :

COST LIMIT : \$ 3'5'.0

ORDER DATE : April 8, 2024

ORDER TIME : 11:31 AM

ORDER NO. : 400732-015

CUSTOMER NO: 8444652

CHANGE OF AGENT

NAME: KIRAZ 9, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX' PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida i corganized under the laws of the State of _	DE	
in orde	r to change its registered office or	registered agent, or both, in the State of F	Florida.	
1. The name of t	the corporation: KIRAZ 9, INC.			
• •	office address: E PKWY., STE. 210 WILMINGTO	N, DE 19809		
3. The mailing a	ddress (if different):			
-	poration/qualification: 06/14/2022		003737	
	d street address of the current registement of State: (If resigned, enter t	tered agent and registered office on file wi		
	FLORIDA FILING & SEARCH S	SERVICES INC.		
	155 OFFICE PLAZA DR., STE. A			
	TALLAHASSEE	FL 32301		
(if changed):	Corporation Service Company 1201 Hays Street	P O Box NOT acceptable	FILE 1024 APR 12 A SECRETARISSEP AN ANIASSEP	
	Tallahassee	FL 32301	AH IQ	
The street addre	ess of its registered office and the be identical.	street address of the business office of it		
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so	
/S/ Fehmi Duruay		Fehmi Duruay, Auth	orized Person	
-	re of an officer or director	Printed or typed name and to	lle	
I further agree to of my duties, and document is being corporation has	to comply with the provisions of a	ent and agree to act in this capacity, ill statutes relative to the proper and con he obligation of my position as registered e in the registered office address. I hereb hange.	plete performance Lagent. Or, if this by confirm that the	
By: Drai	ee Cokubie	03/21/2024		
Sign	nature of Registered Agent \	Date		
If signing on be	half of an entity:			
	Asst. Vice President			
Ty	vped or Printed Name			
	* * * FILI?	NG 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)
CSC 400732-15