F22000005064

(Re	equestor's Name)	
(Ad	ldress)	
(, , , ,		
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(Cit	ty/State/Zip/Phone	e #)
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A. BUTLER

NOV 16 2022

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: EGGPLANT LABS, INC.					
Name of Corporation					
DOCUMENT NUMBER: F22000005064					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:				
ELGA GARCIA					
Name of Contact Person					
FILEJET INC.					
Firm/Company					
10440 PIONEER BLVD, SUITE 8					
Address					
SANTA FE SPRINGS, CA 90760					
City/State and Zip Code					
registeredagent@filejet.com					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
FILEJET INC.	at (949) 259-5955				
Name of Contact Person	at (949) 259-5955 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
F.O. DOX 0327	THE CERTIE OF Tananassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cl	hange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of j ice or registered agent, or both, in the State of i	DELAWARE
1. The name o	of the corporation: EGGPLANT	LABS, INC.	
	al office address: 215 NW 24TH		
3. The mailing			
4. Date of inco	orporation/qualification: 08/10/	Document number: F220000	05064
	nd street address of the current partment of State: (If resigned, c	registered agent and registered office on file wenter resigned)	rith the
	CORPORATION SERVICE	COMPANY	_
	1201 HAYS STREET		_
	TALLAHASSEE, FL 32301-	2525	
6. The name a (if changed)	_	gistered agent (if changed) and /or registered of	2169
	625 E. TWIGGS ST. , STE 11		
	TAMPA FL 33602	P.O. Box NOT acceptable	- Al 9:39
The street add as changed w	lress of its registered office an ill be identical.	d the street address of the business office of i	its registered agent,
Such change authorized by	was authorized by resolution of the board, or the corporation	luly adopted by its board of directors or by ar has been notified in writing of the change. JACK ABRAHAM (PRESIDENT	
Signa	ature of an officer or director	Printed or typed name and t	
I further agre of my duties, a document is b	pt the appointment as registers e to comply with the provision and I am familiar with and acc peine filed merely to reflect a c too been notified in writing of t	ed agent and agree to act in this capacity, is of all statutes relative to the proper and concept the obligation of my position as registere hange in the registered office address, I here this change.	mplete performance ed agent. Or, if this by confirm that the
	luct	11/10/2022	
	Signature of Registered Agent	Date	
If signing on l	behalf of an entity:		
ANDREW WE	HITE		
_	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