From: Kanetha Bishop 1/23/24, 5:06 PM

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000031822 3)))



3240000318223ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SINGLEFILE TECHNOLOGIES

Account Number : I20220000019 Phone : (800)391-9869 Fax Number : (800)391-9869

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

Email Address: stephanie.demetriou@naamastudios.com

## REGISTERED AGENT CHANGE NAAMA STUDIOS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: 850-617-6380

Fax: (850) 617-6380

Page: 3 of 4 01/23/2024 5:17 PM (((H24000031822 3)))

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: NAAMA STUDIOS INC. Name of Corporation	-	
DOCUMENT NUMBER: F22000006479	<del>-</del>	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for the	filing.	
Please return all correspondence concerning this matter to the following:		
Briony Garbett Name of Contact Person		
Naama Studios Inc.		
Firm/Company		
727-729 HIGH ROAD		20
Address LONDON N12 OBP GB City/State and Zip Code		2024 JAN 24
stephanie.demetriou@naamastudios.com		24
E-mail address: (to be used for future annual report notification)		<u> </u>
For further information concerning this matter, please call:	<u>-</u>	MH 9: 38
SingleFile Technologies, K. Bishop at (800 ) 391-9869		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name of Contact Person

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of <mark>DE</mark> r registered agent, or both, in the State of Florida	<del></del>
1. The name of	the corporation: NAAMA STUD	NOS INC.	
		ROAD LONDON N12 0BP GB	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/19/20	Document number: F220000064	479
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	:
	C T CORPORATION	SYSTEM	
	1200 SOUTH PINE IS	SLAND ROAD	
	PLANTATION, FL 33	324	<b>2</b> 024
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	7024 JAN 24
	Registered Agents Inc	<b>3</b>	₹ .
	7901 4th St N STE 30		نہ ب
	St. Petersburg FL 337	P.O. Box NOT acceptable	38
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regi	stered agent.
Such change wa	as authorized by resolution duly are board, or the corporation has b	adopted by its board of directors or by an office seen notified in writing of the change.	er so
Briony	Jarbett For an officer or director	Briony Garbett, President	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of d I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered agen ge in the registered office address, I hereby con change.	performance nt. Or if this firm that the
Dated Breats		01/23/2024	
Sig	nature of Registered Agent	Date	
lf signing on be	half of an entity:		
	erts, Asst. Secretary	_	
Т	yped or Printed Name	NC PPP, \$22.08 + + +	
	~ ~ ~ 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)