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.

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Note: DO N	OT hit the REFRESH			rom this pa	ige.	
	Doing so will	l generate another co	ver sheet.	S	202h	
То:	Division of Corp			ORETARY LAHASSE	FEB 29	
From:	Account Name : Account Number : Phone : Fax Number :	(307)200-2803	FS INC.	OF STATE	AM 11: 02	:D
annual	email address for report mailings.	Enter only one em	ail address pl		ure	
,		RED AGENT CH VIL CONSULTII				. 21

Electronic Filing Menu

Page Count

Estimated Charge

Corporate Filing Menu

Help

02

\$35.00

FEB 1 L 14

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

statement of che	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F			
	the corporation: Moore Civil Consult	·	un uu.		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 11/03/22	Document number: F22000006789			
5. The name and		ered agent and registered office on file wit			
	C T CORPORATION SYSTEM		弱 FB FB		
	1200 SOUTH PINE ISLAND ROAD		29 29		
	PLANTATION, FL 33324		OF S		
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered offi	AM II: 02 OF STATE FLORID		
	Registered Agents Inc				
	7901 4th St N STE 300				
		P.O. Box NOT acceptable			
	St. Petersburg FL 33702				
The street addre	ess of its registered office and the s be identical.	street address of the business office of its	registered agent,		
Such change wa authorized by th	ns authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an o en notified in writing of the change.	officer so		
Relian	re or an officer of discelor	Robin Jones, filing incorporator			
	· · · · · · · · · · · · · · · · · · ·	Printed or typed name and fitte	Ē		
) further agree v of my duties, an document is bei	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and comple obligation of my position as registered in the registered office address, I hereby ange.	plete performance agent. Or, if this y confirm that the		
David Xe	berts	02/29/2024			
Sign Chiga	nature of Registered Agent	Dute			
f signing on be	half of an entity:				
David Roberts					
Ty	yped or Printed Name				

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