

Florida Department of State  
Division of Corporations  
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F2200006874

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
EONF HOLDING LTD COMPANY**

Certificate of Status	0
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Page Count	02
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A. BUTLER

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of British Virgin Islands in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EONF HOLDING LTD COMPANY  
 2. The principal office address: 1550 MADRUGA AVE., STE. 317  
CORAL GABLES, FL 33146

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/07/2022 Document number: F22000006874

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATE CREATIONS NETWORK, INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Drage CPA, PLLC  
1550 Madruga Avenue, Suite 317  
P.O. Box NOT acceptable  
Coral Gables, FL 33146

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ashley Perkins Ashley Perkins, Attorney-in-Fact  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Ashley Perkins 11/8/2022  
Signature of Registered Agent Date

If signing on behalf of an entity:

Ashley Perkins, Attorney-in-Fact  
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  
 CR2E045 (04/13)