Fa3000001540

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(Address)		
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(City/State/Zip/Phone #)		
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COVER LETTER

TO: Amendment Section Division of Corporations	÷ .
SUBJECT: 5M PROMOTIONS INC Name of Corporation	
DOCUMENT NUMBER: F23000001540	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
SAMANTHA JACKSON	
Name of Contact Person	
MERIAM CORPORATE SERVICES, INC.	
Firm/Company	
PO BOX 52588	
Address	 -
MESA AZ 85208	
City/State and Zip Code	
MERIAMFINANCIAL@GMAIL.C	COM
E-mail address: (to be used for future annual repo	ort notification)
·	
For further information concerning this matter, please	call:
SAMANTHA JACKSON	318.8456
Name of Contact Person	at (720)318.8456 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa.	rtment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
minimum Decitor	A MARIE MARIE OF CHOIL

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
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

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. JESSICA LIEBERMAN, PRESIDENT Printed or typed name and title Thereby accept the appointment as registered agent and agree to act in this capacity.	statement of cha	unge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ution organized under the laws of the State of FLORIDA
2. The principal office address: 2170 MAIN ST STE 403 SARASOTA FL 34237 3. The mailing address (if different): 9030 RED BRANCH RD STE 190 COLUMBIA, MD 21045 4. Date of incorporation/qualification: 202/3/2023 Document number: F23000001540 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) JESSICA LIEBERMAN 5027 W LAUREL ST TAMPA, FL 33607 6. The name and street address of the new registered agent (if changed) and/or registered office. (if changed): JESSICA LIEBERMAN 2170 MAIN ST STE 403 P.O Box NOT acceptable SARASOTA FL 34237 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. JESSICA LIEBERMAN, PRESIDENT Proceed writing of the change. JESSICA LIEBERMAN, PRESIDENT Proceed or appointment as registered agent and agree to act in this capacity. Jurity are greet to comply with the provisions of all standards relative to the program. Thereby accept the appointment as registered agent and agree to act in this capacity. Jurity are greet to comply with the provisions of all standards relative to the program camplete performance of my dulies, and I am Janutlar 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. O7/12/2023 Signature of Registered Agent O7/12/2023			
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Typed or Printed Name	If signing on be	chalf of an entity:	
		yped or Printed Name	<u> </u>

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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