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07/06/23

NAME: PIPADEL GROUP, INC.

TYPE OF FILING: CHANGE OF RA

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

BUHA

COVER LETTER

TO:	Amendment Section Division of Corporations	
	·	
SUBJ	ECT: PIPADEL GROUP, INC. of Corporation	
Name	of Corporation	
DOCU	JMENT NUMBER: F23000001821	_
The er	nclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
Kattlin	ı Giblin	
Name	of Contact Person	
Paraco	rp Incorporated	
Firm/C	Company	
2804 C	Jateway Oaks Dr., Ste 100	
Addres		
Sacran	nento, CA, 95833	
City/Si	tate and Zip Code	
E-mai	l address: (to be used for future annual re	port notification)
For fur	ther information concerning this matter, plea	ase call:
Kaittin	Giblin	31 / 916 \ 576-7059
	Name of Contact Person	at (916) 576-7059 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the De	epartment of State.
	Mailing Address: Amendment Section	Street Address:
	A CHICAGOTTE TO SECTION	Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee. Fl. 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04713)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, c ange is submitted for a corporatio er to change its registered office o	n organized under the law	s of the State of Delaware		
1. The name of	the corporation: PIPADEL GROU	IP, INC.			
2. The principal ORLANDO, FL	office address: 7625 W. SAND LA	AKE RD., STE. 204			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: $\frac{03/29/2023}{1}$	Document is	umber:		
	d street address of the current registrement of State: (If resigned, enter		d office on file with the		
	NORTHWEST REGISTERED AC	GENT LLC			
7901 4TH ST. N. STE. 300					
	ST. PETERSBURG, FL 33702		· · · · · · · · · · · · · · · · · · ·		
6. The name and (if changed):	d street address of the new register	red agent (if changed) and	/or registered office		
	155 Office Plaza Drive, 1st Floor P.O. Box NOT acceptable				
	Tallahassee, FL 32301		TECRETA SECULIA SE		
The street addreas changed will	ess of its registered office and the be identical.	street address of the bus	iness office of its registered agent.		
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of di een notified in writing o	rectors or by an officer so		
M	W	Michael Harring			
I hereby accept I further agree t of my duties, an document is bei	te of an officer of director the appointment as registered ag to comply with the provisions of it d I am familiar with and accept to ng filed merely to reflect a chang is been notified in writing of this it	gent and agree to act in the fall statutes relative to the the obligation of my positive in the registered office	d or typed name and title his capacity. proper and complete performance tion as registered agent. Or, if this address, I hereby confirm that the		
	-au	7/5/2023			
Sign	nistire of Registered Agent		Date		
If signing on be	half of an entity:				
Jody Moua, Assi	<u> </u>				
Τ'n	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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