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Electronic Filing Menu Corporate Filing Menu

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6.

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 <u>New York</u> _______ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROBERT BERNSTEIN AGENCY LIMITED, CO.

2. The principal office address: 759 SW FEDERAL HWY SUITE 208, STUART, FL 34994

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/19/2023 Document number: F23000002969

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)

BERNSTEIN, JASON

	759 SW FEDERAL HWY SUITE 208	ទីភ្	2024	
	STUART. FL 34994		APR	
(if changed):	street address of the new registered agent (if changed) and /or registered	1omes	30 PK	
	Registered Agents Inc.		5	
	7901 4th Street N, Ste 300		6	
	P.O. Boy NOF acceptable			
	St. Petersburg, FL 33702			

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.

SA15 Signature of an officer or director

Jason Bernstein 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 pasition as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

ingnature of Registered Agent

04/23/2024

Date

- -

If signing on behalf of an entity:

David Roberts

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)

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