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Division of Corporations

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From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)298-8007 Fax Number : (305)397-0980

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Email Address: filings@usacorporationservices.com

SUCCETARY OF STATE

3AUG 18 MARES

## REGISTERED AGENT CHANGE AMERICAN TECHNOLOGY INDUSTRY JP CORP

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Corporate Filing Menu

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

statement of cha	ange is submitted for a corporation organized	607,1508, or 617,1508, Florida Statutes, this d under the laws of the State of Delaware	
	er to change us registered office or registered		
l. The name of t	the corporation: <u>AMERICAN TECHNO</u>	DLOGY INDUSTRY JP CORP	
2. The principal	office address: 1900 N Bayshore Dr S	Buite 1A #136 - 2192, Miami, Floriida, 3	<u>33</u> 132
3. The mailing a	nddress (if different): 1900 N Bayshore i	Dr Suite 1A #136 - 2192, Miami, Floriic	 la33132
4. Date of incorp	poration/qualification: 06/16/2023	Document number: <u>F23000003587</u>	
	d street address of the current registered agen rtment of State: (If resigned, enter resigned)	nt and registered office on file with the	
	BARRIOS GAMBOA, CAMILO AN		~9
	8526 NW 107TH PAASAGE UNIT	74 PC	2023 AUG
	DORAL, FL 33178	<del></del>	10G 18
6. The name and (if changed):	d street address of the new registered agent (i	SON THE STATE OF T	18 AM 10: 59
	Lupa Enterprises INC, 100 SE 2nd	-F1 .	ġ. `
	Miami, Florida, 33131		. 3
	P.O. Box (80)	)T acceptable	
The street addre	ess of its registered office and the street add be identical.	dress of the business office of its registered ago	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by he board, or the corporation has been notified	its board of directors or by an officer so ed in writing of the change.	
On a	dres Henao	Andres Henao, President	_
hereby accept further agree t if my duties, and locument is ben corporation has	the appointment as registered agent and a to comply with the provisions of all statutes ad I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	gree to act in this capacity. s relative to the proper and complete performa- tion of my position as registered agent. Or, if egistered office address, I hereby confirm that	nce this the
Lupa C	Enterprises eINC	Aug 15, 2023 Date	_
f signing on bel	chalf of an entity:		
آص	ana Mordini iped 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)