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(((H23000411310 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

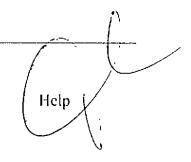
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE DELOREAN ARTIFICIAL INTELLIGENCE, INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section **Division of Corporations**

SUBJECT:_	DeLorean Artificial Intelligence, Inc.
Name of Corp	oration
DOCUMENT	F2300004049

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Whalen		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkwy, Ste 400	2023 DEC	
Address	30	us (
Austin, Texas 78735	E	-
City/State and Zip Code		17
E-mail address: (to be used for future annual report notification)	AN II. 3	
For further information concerning this matter, please call:		•
Lori Whalen) 705-7274	
Name of Contact Person Area Code	& Daytime Telephone Number	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: 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

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.05 inge is submitted for a corpor r to change its registered off	ration organized	under the laws of	the State of <u></u>	Delaware	-
1. The name of t	the corporation: DeLorear	n Artificial Int	elligence, Inc			-
2. The principal	office address: 2875 SOTH	OCEAN BLVD,	SUITE 200-60, PA	ALM BEACH	. FL 33480	_
_	ddress (if different):					<u>-</u>
4. Date of incorp	poration/qualification: 7/12	/2023	_ Document numb	_{er:} <u>F23000</u>)004049	_
	I street address of the current timent of State; (If resigned, or		and registered off	ice on file wit	th the	
	TRAC - THE REG	ISTERED A	GENT COM	PANY		
	236 E. 6TH AVENUE					
	TALLAHASSEE, FL	32303				
6. The name and (if changed):	I street address of the new rep		•	registered off	2023 DEC - 1	
	2894 Remington	Green Ln.	Ste. A		ASSEE, F	T
		P.O. Box NO1	[acceptable		man K	Ţ
	Tallahassee	FL	32308		· 75	
The street addre	ess of its registered office an be identical.	id the street addr	ress of the busines	ss office of its		it,
Such change wa authorized by th	as authorized by resolution one board, or the corporation	duly adopted by has been notifie	its board of direct d in writing of the	tors or by an e change.	officer so	
	n Wright	J <u>a</u> c	lyn Wright		Authorized Pe	rson
l hereby accept I further agree t of my duties, an document is bei corporation has	te of an officer of director the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a (s been notified in writing of	ns of all statutes cept the obligati change in the res	ree to act in this a	yped name and til capacity, oper and com as registered lress, I hereb		ice his he
Ма	معرض طال	1	2/1/2023			
Sign	nature of Registered Agent			Date		-
If signing on be	half of an entity:					
Mackenzie Hible	er, Assistant Secretary					
113	yped or Printed Name	<u> </u>				
	* * *	FILING FEE: 9	\$35.00 * * *			