Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Phone

Fax Number : (813)436-5206

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

REGISTERED AGENT CHANGE JETSWEEP HOLDINGS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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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 DEin order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of	the corporation: JETSWEEP HOLDIN	NGS INC.		
2. The principal office address: 7901 4th St N STE 300 St. Petersburg FL 33702				
3. The mailing a	nddress (if different): 2 Meetinghouse	e Road Chelmsford MA 01824		
4. Date of incor	4. Date of incorporation/qualification: 09/18/23 Document number: F23000005508			
	d street address of the current register timent of State: (If resigned, enter re	ered agent and registered office on file with the signed)		
	WONG, CHRISTOPHER		203	
	32039 SAPNA CHIME DRIVE		2024 OCT 25	
	WESLEY CHAPEL, FL 33545		25	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office) :6 HV	
	Registered Agents Inc		9	
	7901 4th St N STE 300			
	P.O. Box NOT acceptable			
	St. Petersburg FL 33702			
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its registe	ered agent,	
Such change wa authorized by th	ns authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer en notified in writing of the change.	50	
Christo	pher Barbanti	Christopher Barbanti- President	******	
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered ages to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change s been notified in writing of this cha	Printed or typed name and tale of and agree to act in this capacity. I statutes relative to the proper and complete pe obligation of my position as registered agent, in the registered office address, I hereby confi- inge.	erformance Or, if this on that the	
David Aceris		10/25/2024		
Sig	nature of Registered Agent	Date		
lf signing on be	half of an entity:			
Davic Roberts				
T	yped or Printed Name			

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