Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000197578 3)))



H210001975783ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

93	To: Division of Corporations Fax Number: (850)617-6380	2021 HAY 17 STACL ÁH
PH 4:	From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 ter the email address for this business entity to be annual report mailings. Enter only one email address	S
2021 H	ter the email address for this business entity to be annual report mailings. Enter only one email address.	used for future ss please.**

REGISTERED AGENT CHANGE MINOT GROUP, INC.

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

RA RE Che

MAY 18 2021

JALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of ice or registered agent, or both, in the State of t	Floncia	
1. The name of	the corporation; MINOT GRO	PUP, INC.		
		NT PL. , SILVER SPRING, MD 20902		
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 10/11/	785 Document number: H80644		
5. The name an Florida Depa	d street address of the current artment of State: (If resigned, e	registered agent and registered office on file wenter resigned)	ith the	
	SUNSHINE CORPORATE I	FILINGS LLC		
	1201 HAYS ST.			
	TALLAHASSEE, FL 32301			
6. The name and street address of the ne (if changed):		ristered agent (if changed) and /or registered of	2021 HAY 17	الم
	Registered Agents I	nc.	AHA AHA	, em 1
	7901 4th St N STE 300		SSC 70	#7
	St. Petersburg FL 33	P.O. Box NOT acceptable	ျူး	
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its	s registered agent,	•
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or by an case been notified in writing of the change.	officer so	
RANCIS	E ROBLES	FRANCIS E ROBLES, PCEO		
i juriner agree i performance of	to comply with the provisions my duties, and I am familiae	Printed or typed name and title d agent and agree to act in this capacity, of all statutes relative to the proper and comp with and accept the obligation of my position rely to reflect a change in the registered office a notified in writing of this change.	plete	
Bee Han	•	05/17/2021		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Bill Havre				
Ty	ped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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