K13292

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 159856 7779145					
AUTHORIZATION: Sprets de man					
COST LIMIT : \$5.700					
ORDER DATE: October 22, 2021					
ORDER TIME : 5:24 PM					
ORDER NO. : 159856-130					
CUSTOMER NO: 7779145					
CHANGE OF AGENT					
NAME: WHAT A COUNTRY, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

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

statement of cha	nge is submitted for a corporation organi			
		red agent, or both, in the State of Florida.		
	he corporation: WHAT A COUNTRY, INC			_
2. The principal	office address: 2020 Salzedo Street 5th F	Floor, CORAL GABLES, FL 33134		
	ddress (if different):			
4. Date of incorp	oration/qualification: 01/29/1988	Document number: K13292		
5. The name and	street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with the		
	ROMERO, RAFAEL G			
	2020 Salzedo Street, 5th Floor		2021 OCT 27	
	CORAL GABLES, FL 33134		CT 2	•
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office;	7 M 9:	;
	Corporation Service Company		ထ	
	1201 Hays Street			
	P.O Box	NO1' acceptable		
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its regist	ered a	igent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	so	
	Xie E. Cilnie	Jill Cilmi, Vice President		
Signatu		Printed or typed name and title		
I further agree to of my duties, and document is being corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company	agree to act in this capacity, tes relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	erforn Or rm the	nance if this at the
Ву: 📉	age TKible	10/25/2021		
Sign	uature of Registered Ağetit	Date		
If signing on bel	nalf of an entity:			
	Asst. Vice President			
·	* * * FILING FE	E: \$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)