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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 DOMESA COURIER CORPORATION

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	· · · · · · · · · · · · · · · · · · ·	
	he corporation: DOMESA COUR			
The name of t The principal	office address: 1801 Bayberry Co.	art, Richmond, VA 23226		
3. The mailing a	ddress (if different):			
		Document number: K23905	- 22 -	
5. The name and		tered agent and registered office on file with the	202311724	
	CT CORPORATION SYSTEM		24	
	1200 SOUTH PINE ISLAND RD		-	
	PLANTATION, FL 33324		33	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and for registered office	1,9	
	United Agent Group Inc.			
	801 US Highway I			
	P.O. Box NOT acceptable			
	North Palm Beach, FL 33408			
as changed will	oe identical.	street address of the business office of its registered	agent,	
Such change wa authorized by	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.		
1	_ (Tasha Edwards, Attorney-in-Fact		
Signatur	e of an officer or director	Printed or typed name and title		
I hereby accept I further agree to of my duties, and document is beli curporation fas	the appointment as registered ag o comply with the provisions of c d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfo he obligation of my position as registered agent. Or e in the registered office address, I hereby confirm to hange.	rmance ; if this hat the	
1		03/24/2023		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Tasha Edwards, S	Special Secretary	_		
1)	rped 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)