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Division of Corporations

Florida Department of State  
Division of Corporations  
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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE  
SEITZ CPA, LLC

Certificate of Status	0
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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K. SALY

FEB 17 2022

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: SEITZ CPA, LLC
2. (a) 9945 NW Bartlett Loop (b) 7325 NE Imbrie Dr PMB 103  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- North Plains, OR 97133 Hillsboro, OR 97124
- 07/06/2011 L11000077719
3. Date of filing/registration in Florida 4. Document number
5. (a) PAMELA SEITZ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
700 NW 7th St  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- DELRAY BEACH, FL 33444
- (b) Corporate Creations Network Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- 801 US Highway 1  
NEW Registered Office Address:
- North Palm Beach, FL 33408

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Erin Saville  
Signature of a member or authorized representative of a member

Erin Saville, Attorney-In-Fact

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Erin Saville  
Signature of Registered Agent

Erin Saville, Special Manager

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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