• 10/18/24, 11.03 AM	Page: 2 of 3	2024-10-18 08:09:45 PDT Division of Corporations	19548277645	From. Keity Toon
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To:

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.

(a)	189 S ORANGE AVE	(b) ¹⁸	189 S ORANGE AVE		
(4)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32801	01	RLANDO. FL 32801		
	07/11/2018	L18	\$000167697		
	Date of filing/registration in Florida	4.	Document number		
(a)	CORPORATE CREATIONS NETWORK INC.				
1.47	Registered Agent and Registered Office shown on the records of	f the Florida Dep	of State:		
	801 US HWY E N				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	1024 OC		
	PALM BEACH, FL, F	L_33408			
(b)	C T Corporation System	L_33408			
(b)					
(b)	C T Corporation System				
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>				

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Printed or typed name of signce

KARA KOROSEC, MANAGER

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. By:

the articles of organization or the operating agreement of the limited liability company.

San Charmento Bv:

Signature of Registered Agent SEAN L EMERICK, ASSISTANT SECRETARY

Signature of a member or authorized representative of a member

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