10/18/24, 11:21 AM

**Division of Corporations** 



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|                | From:  | Division of Corporations<br>Fax Number : (850)617-6383  |           |  |  |  |
|----------------|--|---|-----------|--|--|--|
|                | Fr Our.  | Account Name : C T CORPORATIO<br>Account Number : FCA000000023<br>Phone : (614)280-3338<br>Fax Number : (614)573-3996 | DN SYSTEM |  |  |  |
| T 18 AM 11: 40 | Second Se |   |           |  |  |  |
| 7324 OCT       | DLFA   | LLC REGISTERED AGENT CHANGE   |           |  |  |  |
|                |  | Certificate of Status   | 0         |  |  |  |
|                |  | Certified Copy  | 1         |  |  |  |
|                |  | Page Count  | 02        |  |  |  |
|                |  | Estimated Charge  | \$55.00   |  |  |  |
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OCT 2: 2024 C. Brumulay

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## 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) <sup>18</sup>   | 9 S ORANGE AVE   |
|----------------------|---|---|--|
|                      | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company:<br>(Note: MAYBE POST OFFICE BOX)   |
|                      | ORLANDO, FL 32801   |   | RLANDO, FL 32801   |
|                      | 09/30/2019  | L19   | 000237158  |
|                      | Date of filing/registration in Florida  | 4.  | Document number  |
| (a)                  | CORPORATE CREATIONS NETWORK INC.  |   |  |
| (,                   | Registered Agent and Registered Office shown on the record  | Is of the Florida Dep   | t, of State:   |
|                      | 801 US HWY E N  |   |  |
|                      | Registered Office Address (MUST BE FLORIDA STRE   |   |  |
|                      | PALM BEACH, FL  |   |  |
| (b)                  | C T Corporation System  | 20740   |  |
| 01                   | Enter name of NEW Registered Agent and/or NEW Registered  | <br>  |  |
|                      |   |   |  |
|                      | NEW Registered Office Address:  |   | <u></u>  |
|                      | 1200 South Pine Island Road   |   |  |
|                      | Plantation  | , FL 33324  |  |
| cha:<br>nt w<br>:/we | mited liability company is not organized under the<br>nge or changes are made, the Florida street addres<br>vill be identical. Or, in the case of a Florida limite<br>re authorized by an affirmative vote of the membe<br>cles of organization or the operating agreement of | s of the registere<br>d liability compa<br>ers of the limited | d office and the business office of the regist<br>any, it is hereby confirmed that the change(s'<br>liability company or as otherwise provided |
|                      | Ken laise   | KARA I  | KOROSEC, MANAGER   |
|                      | ture of a member or authorized representative of a member   |   | Printed or typed name of signee  |

the obligations of my position as registered agent as provided for in Chapter 605, F.N. Or, if this document is being file to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change. By: CT Corporation System Q Paulo A CErmon A

Bv:

Signature of Registered Agent SEANL EMERICK, ASSISTANT SECRETARY

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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 **FILING FEE: \$25,00**