Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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JUN 2 4 2021

A. LUNT

Help

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) _	Principal office address of limited liability company:		(b)		THPOINT PARKW		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SUITE A			SUITE A			
	WEST PALM BEACH, FL 33407			WEST PAL	ST PALM BEACH, FL 33407		
	04/28/2021		I	.210001986	38		
3.	Date of filing/registration in Florida	4.	_		Document number		
5. (a)	MCBRIDE, RACHELLE, ESQ.				_		
/. (u)	Registered Agent and Registered Office shown on the records	of the Flo	rida l	Dept. of State	:		
	ONE CHENEY WAY	_			_		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	LSS))
					_	2	ZS
	RIVIERA BEACH	FL_3340	4			Ş	SICR CR
41.5	Corporate Creations Network Inc.					JUN 23	OF CO
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office	add	ress:	-	F	₩ ₽
	801 US Highway 1					9: 27	STATE ORATI
	NEW Registered Office Address:				-		SNC
	N. at D. In D. at	3340	<u></u> .		-		
	North Palm Beach	FL	· ·		-		
change agent w was/we the artic	imited liability company is not organized under the or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the street in the control of the street in the case of the	the regis liability is of the he limite	tered cor limited li	npany, it is ted liability ability com	the business offices below the second of the business offices of the second of the business offices of the business of the business offices of the business offices of the business of the business offices of the business offices of the business of	that the chang herwise provid	ge(s)
	ture of a member or authorized representative of a member	-			Printed or typed name		
I herel provision the obli to merc	by accept the appointment as registered agent and cons of all statutes relative to the proper and completigations of my position as registered agent as providy reflect a change in the registered office address. If in writing of this change.						