Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000090909 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

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 annual report mailings. Enter only one email address please

Email Address:_

LLC REGISTERED AGENT CHANGE RESOURCE PRO SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

MAR 11 2022 T. LEMIEUX

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.

1. Name of the	e limited liability company: ReSource Pro	Services LLC	<u> </u>	
2. (a) 60 E 42	2nd Street	(b) 60 E	42nd Street	
	incipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 60 E. 42nd Street Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
Suite 1	500	Suite 1500		
New Y	ork, NY 10165	New Y	York, NY 10165	
02/16/2	2016	<u>M1600</u>	0001309	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) 3H AGE	ENT SERVICES, INC.			
	Agent and Registered Office shown on the records of th	e Florida Dept. of S	State:	
1415 Pa	anther Lane Ste 327			
	Office Address MUST BE FLORIDA STREET A	DDRESS)		
		·		
<u>Naples</u>	, FL_	34109	<u></u>	FIL 2022 HAR 1 O
	,		7.5 2.5	Z
	ate Creations Network Inc.			7 7
Enter name	of NEW Registered Agent and/or NEW Registered C	Office address:	AHASSEI	FIL
			UF STATE TE. FLORIO	ED AM 10: 06
	S Highway 1			TK
NEW Reg	istered Office Address:		SN S	0.
			5	96
North F	Palm Beach , FL.	33408		
	· · · · · · · · · · · · · · · · · · ·			1.0 . 5
If the limited hab change or change	oility company is not organized under the laws as are made, the Florida street address of the re	of the State of .	Florida, it is hereby confu and the husiness office of	med that after the
agent will be ider	ntical. Or, in the case of a Florida limited liab	ility company, i	t is hereby confirmed that	the change(s)
	ized by an affirmative vote of the members of ganization or the operating agreement of the li			vise provided in
	. ~	•	•	_4
Signature of a men	L osaph. mber of a uther ized representative of a member	Rachellos	seph, Attorney- in- Fa Printed or typed name of si	CI
	of the appointment as registered agent and agree statutes relative to the proper and complete per fine provided in the provided in the provided in the registered agent as provided in the registered office address. I he	e to act in this co erformance of m for in Chapter 6 reby confirm the	apacity. I further agree to by duties, and I am familia D5, F.S. Or, if this docum at the limited liability com	o comply with the or with and accept tent is being filed opany has been

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

Rachal Joseph Rachel Joseph, Special Secretary Signature of Registered Agent

1 19