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Division of Corporations

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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 future annual report mailings. Enter only one email address please.

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Help T. LEMIEUX MAR 1 6 2023

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)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lunited liability company: (Note: MAY BE POST OFFICE BOX)
	08/01/2022	 M.	22000011946
	Date of filing/registration in Florida	_ 	Document number
(a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the records of 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET)		ept. of State:
	Tallahassee, FL	32301	
(b)	Corporate Creations Network Inc.		25 5.5 25 5.5 25 5.5 27 5.5 27 5.5 28 5.5 28 5.5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway 1	Office addre	<u>ප</u>
	NEW Registered Office Address:		
	North Palm Beach . FL	33408	
inge int v s/we	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members cales of organization or the operating agreement of the	registered ability comp of the limite limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in bility company.
		Barrie	Ribet, Authorized Person
aral	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I	ee to act in performan	Printed or typed name of signee this capacity. I further agree to comply with the of my duties, and I am familiar with and acceptable.