## N04000000913

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





700388564267

06/10/22--01020--009 ++35.00





Amendment Section

## **COVER LETTER**

TO:

Division of Corporations	
SUBJECT: MAN PLACE AT THE LANES OF ADDIMINENT ASSOCIATION ASSOCIAT	
Name of Corporation	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
V. Claire Physiol Cortal Esquire	
Name of Contact Person	
Wyerk Curtair & Curtair Chemistro	
Firm/Company	<del></del>
840 US Highway Chia Sulla 345	
Address	<del></del>
North Pain Beach FL 33408	
City/State and Zip Code	
Œ <sup>a</sup> le de la compansión de la compansió	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	se call:
v Clare Myeri Cortec Expans	at ( ' <sup>(n)</sup> ) <sup>627-0006</sup>
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**Street Address:** 

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of <u>f</u> registered agent, or both, in the State of F	
1. The name of t	the corporation:	RAMASSCIDATEN ME	
2. The principal	same description and a series and a series and	O: P. 3940	
3. The mailing a	iddress (if different):	ARDENS 4 /C. STE 2011 PALM BEACH GARDENS FL 33410	
4. Date of incorp	poration/qualification:	Document number:	
	d street address of the current regist timent of State: (If resigned, enter r	ered agent and registered office on file wi esigned)	th the
	SWIAWGROUP PLC		-
	120KU SOUTH SHOAE &LVD., SUITE 202		_
	MILL-MOTOR PL ISHIA		
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered of	- ñce
	WYANT-CORTEZ & CORTEZ, CHARTERED		_
	840 US HIGHWAY CHE SUITE 345		_
P.O. Box NOT acceptable			
	WORTH PALM BEACH PL TOKOS	<del></del>	-
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	s registered agent,
Such change wa authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so
2/1/2/2	re of an officer or director	Heid Stefan President	
I hereby accept I further agree of my duties, an document is bei corporation has		Printed or typed name and to ent and agree to act in this capacity. It statutes relative to the proper and com he obligation of my position as registered of in the registered office address, I hereh hange.	
Docusioned by: 1. (Laire Wyan)	t-Corter, Esquire	June 2, 2022   16:00 PDT	
_	nature of Registered Agent half of an entity:	Date	F JUN SECACIA ALLAHAS
· Clare Wart-Curter Engure			WAS:
Т	yped or Printed Name		10     0
		G FEE: \$35.00 * * *	
M. CR2E045 (04/13)	MAKE CHECKS PAYABLE T AIL TO: DIVISION OF CORPORATIO	O FLORIDA DEPARTMENT OF STATE NS, P.O. BOX 6327, TALLAHASSEE, FL 3	いまり