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· - ··**Enter 1 ann	: Division of Corporations Fax Number : (850)617- om: Account Name : REGISTERE Account Number : I20090000 Phone : (307)200- Fax Number : (855)330- The email address for this busin hual report mailings. Enter only	ED AGENTS INC. 0081 -2803 -1010 ess entity to be us	please.**
	REGISTERED AGE 2GETHER WII (ALASSEE, FLE
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $\frac{\text{Finity}}{\text{in order to change its registered office or registered agent, or both, in the State of Florida.}$

1. The name of the corporation: <u>2GETHER WII</u> CAN! INC.

HENRY RIOS

2. The principal office address: 7717 156th Ave 1, Howard Beach, NY 11414

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/29/2009 Document number: N09000005304

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

3004 PARKWAY BLVD., SUITE # 311 KISSIMMEE, FL 34747 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Northwest Registered Agent LLC 7901 4th St N STE 300 P.O. Box NOT acceptable St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

HENRY RIOS

Printed or typed name and title

Date

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

1/13/2021

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)