N10000011615

15			
(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:			
J DEMAKS			
MAR 200 0004			

Office Use Only



900424650229

SECULTAR 22 AM II: 18

KECHIVED

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

statement of cha	mge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Floric on organized under the laws of the State o or registered agent, or both, in the State o	of Florida	
		INTER AND BONNIE S. WINTER FAM		
		. WAY DELRAY BEACH, FL 33446-237		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/14/20	Document number: N100	00011615	
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file resigned)	with the	
	WINTER, DOUGLAS S			
	16387 MIRASOL WAY			
	DELRAY BEACH, FL 33446-2	2370		
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered	office	
	Corporation Service Company	1		
	1201 Hays Street			
		P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the identical.	e street address of the business office o	f its registered agent,	
Such change wa authorized by th	ns authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so	
/s/ Douglas S. Winter		Douglas S. Winter, President	Douglas S. Winter, President	
Signature of an officer or director		Printed or typed name an		
I hereby accept I further agree to of my duties, and document is bei corporation has Corporation	the appointment as registered a to comply with the provisions o d I am familiar with and accep- ing filed merely to reflect a chan been notified in writing of this n Seryice Company	igent and agree to act in this capacity, fall statutes relative to the proper and c t the obligation of my position as registe age in the registered office address, I he change.	complete performance ered agent. Or, if this reby confirm that the	
By: Droce	C-Kuble	3/21/2024		
-	nature of Registered Agent half of an entity:	Date		
a againg on oc	inter of the county.			
T	sped or Printed Name			

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