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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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## REGISTERED AGENT CHANGE COMPETITIVE WAKE SURF ASSOCIATION, INC.

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

statement of cha	provisions of sections 607,0502, 617,0502 inge is submitted for a corporation organi ir to change its registered office or registe	zed under the laws of the State of <u>F</u>	lorida
1. The name of	the corporation: Competitive Wake S	urf Association, Inc.	
	office address: 7901 4th St N STE 30		
St. Petersbu			
3. The mailing a	address (if different): 7901 4th St N S	TE 300 St. Petersburg FL 33	1702
		Document number: N12000	
5. The name and	I street address of the current registered ag tment of State: (If resigned, enter resigned	· · · · · · · · · · · · · · · · · · ·	th the
	Bank, Christian Kent		_
	2000 Galen Avenue		<b>2</b> 5
	Winter Park, FL 32789		2023 FEB
6. The name and (it changed):	I street address of the new registered agen	t (if changed) and /or registered of	ice Edit 6
	Registered Agents Inc		所で <b>5</b>
	7901 4th St N STE 300		AM 10: 13
	St. Petersburg FL 33702	NO Facceptable	-
The street address changed will	ess of its registered office and the street a be identical.	iddress of the business office of it	s registered agent.
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
		Jon Shields - President	
I hereby accept I further agree of my duties, an document is bei	to of an officer of director  the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	Printed or typed name and tit I agree to act in this capacity, tes relative to the proper and com gation of my position as registered registered office address, I hereb	
Tind by deter		02/06/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Robe			
Γ	yped or Printed Name	U. 635 MA * * *	

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