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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

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.

Email Address:

REGISTERED AGENT CHANGE DOLPHINS CYCLING CHALLENGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

MAR 02 2021

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida 3 on organized under the laws of the State of _ or registered agent, or both, in the State of F			
1. The name of t	the corporation. DOLPHINS CY	CLING CHALLENGE, INC.			
		A DR., MIAMI GARDENS, FL 33056			_
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 03/14/201	Document number: N120000	02840		
	I street address of the current reg trnent of State: (If resigned, ente	gistered agent and registered office on file wi er resigned)	ith the		
	PINCUS, GEORGE A		_		
	200 E LAS OLAS BLVD, PHA		_		
	FT LAUDERDALE, FL 33301		-		
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) and /or registered of	fice		
	Corporate Creations Network Inc	·		1503	
	801 US Highway 1		 -	7021 TAR -1	
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	-1 PH	(
The street address changed will	ess of its registered office and the identical.	he street address of the business office of it	s-registe		nt,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer :	so GI	
/s/ Caitlin	Lazarus	Caitlin Lazarus, Attorney-in-Fact			
I hereby accept I further agree of my duties, an document is bei	to comply with the provisions o ad I am familiar with and accep	agent and agree to act in this capacity, fall statutes relative to the proper and con the obligation of my position as registere, and in the registered office address, I herely change.	nplete pe d agent.	erforma Or, if rm that	nce this the
/s/ Caitlin La		02/26/2021			
	nature of Registered Agent	Date			_
	half of an entity:				
	Special Secretary				
Т	yped or Printed Name				

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