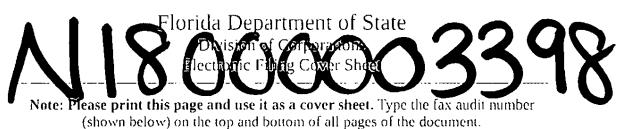
Division of Corporations



(((H24000020383 3)))



H240000203833ADCYV

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## REGISTERED AGENT CHANGE COME OUT ST. PETE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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1/15/2024 14:06:16 PST To 18506176380 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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

statement of che	, inge is submitted for a corporation	organized under the laws of the State of Florida
		registered agent, or both, in the State of Florida.
1. The name of	the corporation: COME OUT ST. P	ETE, INC.
2. The principal	office address:	
3. The mailing a	nddress (if different):	
4. Date of incor	poration/qualification: 03/26/2018	Document number: N18000003398
	d street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	Jones, Christopher	
	3135 1st Ave N #12553	
	St. Petersburg, FL 33733	<del></del>
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	
		P.O. Box NOT acceptable
	St. Petersburg FL 33702	
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registered ago
Such change wa authorized by th	as authorized by resolution duly a se board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
1629 Signatu	re of an officer or director	Joshua Wallace - T  Printed or typed name and otte
of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ent and agree to act in this capacity, all statutes relative to the proper and complete performa he obligation of my position as registered agent. Or, if , a in the registered office address, I hereby confirm that hange.
David Februar		01/15/2024
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
David Roberts		
1;	yped or Printed Name	

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

CR2E045 (04/13):