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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

\*\*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 ROAR UNIVSERITY INC.

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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, 617.0 statement of change is submitted for a corporation org in order to change its registered office or reg.	ganized under the laws of the State of Floria	
1. The name of the corporation: Roar University, Inc.	·	
2. The principal office address: 3901 NW 79TH AVE,	SUITE 245 #1969, MIAMI, FL 33166	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/04/20 Document number: N200000095		
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)		
LEGALINC CORPORATE SERVICE	S INC.	
5237 SUMMERLIN COMMON	S, SUITE 400	
FORT MYERS, FL 33907	~` <u> </u>	
6. The name and street address of the new registered ag (if changed);		
Registered Agents Inc.	<u> </u>	
7901 4th St N STE 300	-:	
	OT acceptable ————————————————————————————————————	
St. Petersburg FL 33702		
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.	
BURTON ERICK	BURTON ERICK	
Signature of an other or director  I hereby accept the appointment as registered agent a  I further agree to comply with the provisions of all ste performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to re hereby confirm that the corporation has been notified	utites relative to the proper and complete	
Bell Home	10/07/2020	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Bill Havre  Typed or Printed Name		
	EE: \$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)