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Division of Corporations	٠,,	ç
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REGISTERED AGENT CHANGE		
IMPACT FOREVER INC.		
1	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010  the email address for this business entity to be used formul report mailings. Enter only one email address pleas  Address:  REGISTERED AGENT CHANGE	Account Name : REGISTERED AGENTS INC.  Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010  The email address for this business entity to be used for future and report mailings. Enter only one email address please.**  REGISTERED AGENT CHANGE

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A. BUTLER
JUN 22 2022

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

statement of cha	inge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statu anized under the laws of the State of <mark>Floric</mark> stered agent, or both, in the State of Floric	da			
1. The name of	the corporation: Impact Forever, In office address: 3453 E Robin Ln G	ic.		<del></del>		
3. The mailing a	address (if different): 3453 E Robin	Ln Gilbert AZ 85296				
	poration/qualification: 11/18/20	Document number: N20000013	3030			
5. The name and		l agent and registered office on file with th	ie			
	UNITED STATES CORPO	DRATION AGENTS, INC.	2022 JUN 21 SECRETARY TALLAHYS			
	5575 S. SEMORAN BLVD	). STE. 36				
	ORLANDO, FL 32822		VII.	N 21		
6. The name and (if changed):	•	gent (if changed) and /or registered office	Y OF STA	PH 1: 29		
	Northwest Registered Agent LLC					
	7901 4th St N STE 300					
	St. Petersburg FL 33702	3ox NOT acceptable				
The street addreas changed will	ess of its registered office and the stre be identical.	et address of the business office of its reg	gistered a	igent,		
Such change wa authorized by the	as authorized by resolution duly adopt he board, or the corporation has been	red by its board of directors or by an office notified in writing of the change.	er so			
- // Similar	len Platania	Jo Ellen Platania, President				
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent of the comply with the provisions of all stand am familiar with and accept the of ing filed merely to reflect a change in a been notified in writing of this change.	and agree to act in this capacity. Antes relative to the proper and complete bligation of my position as registered ago the registered office address, I hereby cope.	e perforn ent. Or onfirm the	nance if this at the		
Ton Glove_		6/21/22				
Sig	nature of Registered Agent	Date				
	chalf of an entity:					
Tom Glove						
Т	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)