2023-06-19 10:59:57 CST

From: David Thomas

6/19/23, 12.56 PM



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

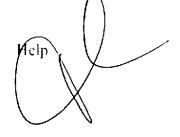
\*\*Enter the email address for this business entity to be used for future' annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE INSTITUTE FOR RACIAL INJUSTICE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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To:

By:

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

2023-06-19 10:59.57 CST

statement of che	provisions of sections 607.0502, 617.0. ange is submitted for a corporation org er to change its registered office or regi	anized under the laws of the State of	r Florida		
1. The name of	the corporation: INSTITUTE FOR RAC	TAL INJUSTICE SOLUTIONS, INC.			
2. The principal	office address: 4320 W. KENNEDY BL	VD., TAMPA, FL 33609			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 10/26/2021	Document number: N21000	000104		
	Anthony Trey Traviesa				
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Anthony Trey Traviesa  4320 W. KENNEDY BLVD.  TAMPA, FL 33609  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System  1200 South Pine Island Road					
	TAMPA, FL 33609		- 123 JI		
6. The name and (ifchanged):	d street address of the new registered ag	ent (if changed) and /or registered o	ffice 1 9 F		
	C T Corporation System		- Si.:		
	1200 South Pine Island Road				
	P.O B Plantation, Florida 33324	iox NOT acceptable			
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of i	its registered agent.		
Such change wa authorized by th	as authorized by resolution duly adoptine board, or the corporation has been in	ed by its board of directors or by a notified in writing of the change.	ı officer so		
سيري		A. Trey Traviesa, CEO			
-	re of an officer or director	Printed or typed name and			
I hereby accept I further agree t of my duties, an dociment is bei corporation has CT Corporation	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacity, itutes relative to the proper and co- ligation of my position as registere he registered office address. There e.	mplete performance ed agent. Or, if this by confirm that the		
C i Corporation	System Sul Chamb	03/08/2023			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
SEAN L. EMER	ICK, ASSISTANT SECRETARY				
- iv	sped or Printed Name				