

N21000001074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

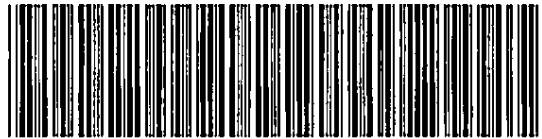
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200387604582

05/16/22--01029--017 **35.00

FILED

2022 MAY 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUL 21 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEGEM3 INC
Name of Corporation

DOCUMENT NUMBER: N21000001074

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Contact Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX., 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at (888) 462-3453

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEGEN3 INC
2. The principal office address: 1118 HOSPITAL RD.
FORT WALTON BEACH, FL 32547
3. The mailing address (if different): 789 BARLEY PORT L.N., FORT WALTON BEACH, FL 32547
4. Date of incorporation/qualification: 01/08/2021 Document number: N21000001074
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)
LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS SUITE 400
FORT MYERS, FL 33907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ramothea L. Webster

1118 Hospital Rd

P.O. Box NOT acceptable

Fort Walton Beach, Florida, 32547

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ramothea Webster
Signature of an officer or director

Ramothea Webster- President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ramothea L. Webster
Signature of Registered Agent

05/12/2022

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
2022 MAY 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL