N21000010188

| (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: | | | | |
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| | | | | |
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Office Use Only



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COVER LETTER

| то: | Amendment Section Division of Corporations |
|---------|---|
| | ECT: Floridians For Honest Lending Inc. of Corporation |
| DOCU | MENT NUMBER: N21000010188 |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| Laura V | Vagner |
| Name (| of Contact Person |
| Blue St | art Strategies Blue Stat Stategies |
| Firm/C | ompany Ompany |
| 4151 Pa | ark Ave |
| Addres | S |
| Miami, | F1 33133 |
| City/St | ate and Zip Code |
| | kurtlaurawagner12@gmail.com |
| E-mail | address: (to be used for future annual report notification) |
| For fur | ther information concerning this matter, please call: |
| Laura V | - all |
| | Name of Contact Person Area Code & Daytime Telephone Number |

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

CR2E045 (04/13)

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

| statement of cha | e provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ ler to change its registered office or registe | ized under the laws of the State of Florida | i |
|--|--|--|---|
| 1. The name of | the corporation: FLORIDIANS FOR HON | EST LENDING INC. | |
| 2. The principal | office address: 1430 S DIXIE HWY SUIT | TE 105 BOX 144 CORAL GABLES, FL 33 | 146 |
| 3. The mailing a | address (if different): | - | |
| 4. Date of incorp | rporation/qualification: 08/26/2021 | Document number: N21000010188 | <u> </u> |
| | nd street address of the current registered a artment of State: (If resigned, enter resigne | | 3n7. |
| | KATO, NATALIE | | 3 77 |
| | 2051 COUNTRY CLUB DR | | |
| | TALLAHASSEE, FL 32301 | | |
| 6. The name and (if changed): | nd street address of the new registered ager | nt (if changed) and /or registered office | |
| | Laura Wagner | | |
| | 4151 Park Ave | | |
| | | NOT acceptable | |
| | Miami, FL 33133 | | |
| The street address changed will | ress of its registered office and the street all be identical. | address of the business office of its regis | stered agent, |
| Such change was | vas authorized by resolution duly adopted the board, or the corporation has been no | l by its board of directors or by an office | er so |
| 7/ | + / ///a a. | Kurt L. Wag | |
| Signatu | ture of an officer or director | Printed or typed name and title | ner |
| l further agree of my duties, ar document is bei | of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obli- ging filed merely to reflect a change in the as been notified in writing of this change. | utes relative to the proper and complete igation of my position as registered ager e registered office address, I hereby con | performance it. Or, if this firm that the |
| - Lain | Valleynu | Oct 8, 2023 | |
| If signing on be | chalf of an entity: | | |
| | | | |
| Т | Typed 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 * * *