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(Re	equestor's Name)	
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TO: Amendment Section Division of Corporations		
SUBJECT: The Verb Ling	DINC	
DOCUMENT NUMBER: 87 -388	6887	
The enclosed Statement of Change of Registered Off		
Please return all correspondence concerning this matter		
Haley Hund Name of Contact Person		
Firm/Company VERB KIN	DINC.	
130 6 Spennsylvania A	Je	
Winter Park, FL 3278 Tity/State and Zip Code	39	
mail address: (to be used for future annual repo	ort notification)	
arther information concerning this matter, please	call:	
Haley Hont Name of Contact Person	at (407) 347 775 N Area Code & Daytime Telephone Number	
is a \$35.00 check made payable to the Depa	urtment of State.	
Mailing Address: Amendment Section	Street Address:	
Division of Corporations	Amendment Section Division of Corporations	
⁹ .O. Box 6327	The Centre of Tallahassee	
'allahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	

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

statement of change is submitted for a corporation organized under the laws of the State of T -
1. The name of the corporation: \$ The VERB KIND INC
2. The principal office address: 1306
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{2}{7022}$ Document number: $\frac{87-388688}{}$
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)
1221 Mt VERNON St.
- OPLANDO FL
525 S. Mills Ave, O'Blando FL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1306 S. Pennsulvania Aven
Winter Park, FL 32789 -
PO. Box NOT acceptable
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.
HALEY HUNT
Signature of an officer of direction direction of the provisions of all statutes relative to act in this capacity. 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 mereby to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
8.18.72
Signature of Registered Agent Date Date
If signing on behalf of an entity:
Haley Hont 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)