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(Requestor's Name)				
(Addres	55)			
(Addres	ss)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE			
	JUL 2 0 2023			
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Office Use Only



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COVER LETTER

TO:	Ame, Ament Section Division of Corporations	, ·				
SHRIB	ECT: ARKAT USA, INC.					
Name (of Corporation					
DOCU	MENT NUMBER: N21000013612					
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:						
JESSIC	A MONTJOY					
Name (of Contact Person					
URS AGENTS						
Firm/C	ompany	 				
3675 C	restwood Pkwy, Ste 350					
Addres	SS					
DULU	TH, GA 30096					
City/St	ate and Zip Code	·····				
	JMONTJOY@URSCOMPL	IANCE.COM				
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter,	please call:				
JESSIC	CA MONTJOY	21 / 877 \ \275-2767				
	Name of Contact Person	at (877)275-2767 Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 check made payable to the	Department of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations The Courts of Tallelessen				
	Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	tananassee, FL 32314	Tallahassee, FL 32303				

CR2E045 (04/13)



June 27, 2023

JESSICA MONTJOY 3675 CRESTWOOD PKWY SUITE 350 DULUTH, GA 30096 US

SUBJECT: ARKAT USA, INC. Ref. Number: N21000013612

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 823A00014512

Jasmine N Horne Regulatory Specialist II

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

statement of change is subm	itted for a corporation organiz	, 607.1508, or 617.1508, Florida S ted under the laws of the State of $\frac{\Gamma}{2}$ ted agent, or both, in the State of F	FLORIDA	
1. The name of the corporati	ion: ARKAT USA, INC.			
2. The principal office addre 2720 NW 105TH DR, GAINI				
3. The mailing address (if di	fferent):			
4. Date of incorporation/qualification: 11-22-2021 Document number: N21000013612				
	ess of the current registered agate: (If resigned, enter resigned	ent and registered office on file wi	th the	
SCRIVEN,	ERIC F, V		_	
2720 NW 1	05TH DR		. ~	
GAINESVI	LLE, FL 32606		PALLY SECTO	
6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):				
URS AGEN	NTS, LLC		PH D	
3458 Lakes	hore Dr.			
P.O. Box NOT acceptable				
Tallahassec	FL 32312	<u> </u>	-	
The street address of its reg as changed will be identical	gistered office and the street a	ddress of the business office of it	s registered agent,	
Such change was authorized authorized by the board, or	d by resolution duly adopted the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so	
Grue For Ca	or director	Printed or typed name and to	tic	
I further agree to comply we of my duties, and I am fami document is being filed me	tment as registered agent and with the provisions of all statu iliar with and accept the oblig rely to reflect a change in the ied in writing of this change.	agree to act in this <u>cap</u> acity. tes relative to the proper and congation of my position as registere registered office address, I herel	aplete performance d agent. Or, if this by confirm that the	
	$\overline{}$	7-12-23		
Signature of Regis	tered Agent	Date		
If signing on behalf of an e	ntity:			
Typed or Printed	Name			

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