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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_\_

## REGISTERED AGENT CHANGE

## OUR SHOP POSITIVE YOUTH DEVELOPMENT PROGRAM INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

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

statement of c	hange is submitted for a corporatio	617,9502, 607,1508, or 617-1508, Florida Statutes, n organized under the laws of the State of <mark>Florida</mark> r registered agent, or both, in the State of Florida.	this
		SITIVE YOUTH DEVELOPMENT PROGRAM INC	<b>3</b> .
	·	A AVENUE MIAMI, FL 33133	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 06/28/22	Document number: N2200000737	'5
	and street address of the current regi- partment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	UNITED STATES CORPO	DRATION AGENTS, INC.	
	476 RIVERSIDE AVE.		28/37
	JACKSONVILLE, FL 3220	)2	•
6. The name a (if changed)	<del>-</del>	red agent (if changed) and for registered office	
	Registered Agents Inc		9
	7901 4th St N STE 300	0	9
	St. Petersburg FL 337	P.O. Box NOT acceptable	
The street add as changed wi	tress of its registered office and the identical.	e street address of the business office of its registe	rred agent.
Such change v authorized by	was authorized by resolution duly the board, or the corporation has i	adopted by its board of directors or by an officer speen notified in writing of the change.	50
Joanne Signa	Holison stare of an officer or director	JOANNE HOLTON - DIRECTOR Printed or typed name and title	?
l further agree of my duties, a document is b	pt the appointment as registered as e to comply with the provisions of and I am familiar with and accept eing filed merely to reflect a chang as been notified in writing of this d	gent and agree to act in this capacity, all statutes relative to the proper and complete pe the obligation of my position as registered agent, ge in the registered office address, I hereby confir hange.	urjormance Or if this m that the
David General	ignature of Registered Agent	04/13/2023	
	ochalf of an entity:	i yate	
David Rob	ŕ		
David HUL	Typed or Printed Name	-	
	* * * FILT	NG 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)