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To:	
	η.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

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 ADVOCACY FOR MODERN FAMILIES AND INDIVIDUALS, INCORP

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

statement of ci	hange is submitted for a corporation orga	12, 607,1598, or 617,1598, Florida Statutes, this sized under the laws of the State of Florida ered agent, or both, in the State of Florida.	_
		RN FAMILIES AND INDIVIDUALS, INCORPORATED	
2. The principa	at office address: 7901 4th St N STE 3 urg FL 33702		
	address (if different):		
_	orporation/qualification: 02/06/23	Document number: N23000001556	_
5. The name a	nd street address of the current registered a artment of State: (If resigned, enter resigned	gent and registered office on file with the	
	RODRIGUEZ, CHRISTINA M		
	1802 N. HOWARD AVE. 4452		
	TAMPA, FL 33677		.5
6. The name a (if changed)	nd street address of the new registered age : Northwest Registered Ager	1	
	7901 4th St N STE 300		:
		x NOT acceptable	. 1
		address of the business office of its registered ager	11
Such change vauthorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	I by its board of directors or by an officer so office in writing of the change.	
Christina Signa	nire of an officer of director	CHRISTINA RODRIGUEZ - CEO Printed or typed name and title	_
I hereby accept I further agree of my duties, a document is be corporation h	of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblicing filed merely to reflect a change in the as been notified in writing of this change	d agree to act in this capacity. utes relative to the proper and complete performan igation of my position as registered agent. Or, if the e registered office address, I hereby confirm that to	ic hi he
TIM		05/01/2023 Date	_
	ignature of Registered Agent	Date	
	ochaif of an entity:		
Taylor Ne	WMAN Typed or Printed Name		
	* * * FILING FI	IE: \$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)