N23000004636

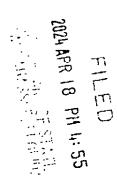
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Amendment Section Division of Corporations	
	Division of Corporations	
SUBJI Name	ECT: SINULOG SA ORLANDO, INC.	
Tune	of Corporation	
DOCU	UMENT NUMBER: 92-3974906	
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
Lindle	ey Mosqueda	
Name	of Contact Person	
N/A		
Firm/C	Company	
2178 B	Brandywine Falls Way	
Addre		
Orland	do, FL 32824	
City/S	State and Zip Code	
	sinulogsaorlando@yahoo.com	
E-mai	il address: (to be used for future annual report notification)	
For fu	orther information concerning this matter, please call:	
Lindle	ey Mosqueda at (407)4054964 Name of Contact Person Area Code & Daytime Telephone Numl	
	Name of Contact Person Area Code & Daytime Telephone Number	эсг
Enclos	sed is a \$35.00 check made payable to the Department of State.	

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/L3)

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

		registered agent, or both, in the State of Florida.
1. The name o	of the corporation: SINULOG SA ORL	ANDO INC.
2. The princip	oal office address: 2178 Brandywine Fa	lls Way, Orlando, FL 32824
3. The mailing	g address (if different):	
4. Date of inc	orporation/qualification: 5/10/23	Document number: 92-3974906
	and street address of the current regist partment of State; (If resigned, enter n	ered agent and registered office on file with the esigned)
	United Stattes Corporation Agents,	Inc.
	476 Riverside Ave.	
	Jacksonville, FL 32202	
6. The name a (if changed	2	ed agent (if changed) and /or registered office
	Lindley Mosqueda	
	2178 Brandywine Falls Way	
		P.O. Box NOT acceptable
	Orlando, FL 32824	
The street add	dress of its registered office and the fill be identical.	street address of the business office of its registered agent,
Such change authorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
	your	Lindley Mosqueda
I høreby acce	nature of an officer of director Ppt the appointment as registered age Pet to comply with the provisions of a Pet and I am familiar with and accept the Peting filed merely to reflect a change Phas been notified in writing of this ch	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this we in the registered office address, I hereby confirm that the mange.
	Signature of Registered Agent	4/11/24 Date
If signing on	behalf of an entity:	
Lindley Mosqi	ueda	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)