Division of Corporations

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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 : (813)436-5206

O**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 O-TOWNSWORLDSFINEST INC.

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 01 | |
| Estimated Charge | \$35.00 | |

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Corporate Filing Menu

Help

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

| statement of cha | nge is submitted for a corporatio | 517,0502, 607,1508, or 617,1508, Florida S n organized under the laws of the State of <u>F</u> r registered agent, or both, in the State of F | Florida |
|--|--|---|---------------------|
| 1. The name of t | he corporation: O-TOWNSWORLD | DSFINEST INC. | |
| | office address: 7901 4th St N STE | | |
| 3. The mailing a | ddress (if different): 7901 4th St N | STE 300 St. Petersburg, FL 33702 | |
| | | Document number: N2300000 |)7001 |
| | street address of the current registment of State: (If resigned, enter | stered agent and registered office on file wiresigned) | th the |
| | LEGALCORP SOLUTIONS, LLC | | |
| | 3440 W HOLLYWOOD BLVD. SUI | TE 415 | |
| | HOLLYWOOD, FL 33021 | | |
| 6. The name and (if changed): | street address of the new register | red agent (if changed) and/or registered of | |
| | Registered Agents Inc | | 2024 SEP |
| | 7901 4th St N STE 300 | | 平工 |
| | | P.O. Box NOT acceptable | 20 20 |
| | St. Petersburg FL 33702 | <u></u> . | - 二語 こ |
| The street address changed will | ess of its registered office and the be identical. | e street address of the business office of it | s registered agent, |
| Such change wa authorized by th | s authorized by resolution duly are board, or the corporation has be | adopted by its board of directors or by an occi notified in writing of the change. | officer so |
| LOUIS | YLOPES | LOUIS V LOPEZ - DIR Printed or typed name and to | |
| l further agree i of my duties, an document is bei | a comply with the provisions of | gent and agree to act in this capacity. all statutes relative to the proper and com the obligation of my position as registered we in the registered office address. I herek | inlete nerformance |
| Davi Adens | | 09/20/2024 | |
| Sig | nature of Registered Agent | Dute | |
| lf signing on be | half of an entity: | | |
| David Roberts | | - | |
| T | ped or Printed Name | | |

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