V23000007345

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2023 SEP -1 PM 1:20
SECRETABY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: 12000000195		
	REFERENCE	: 1963381 4303940		
Į	AUTHORIZATION			
	COST LIMIT	: \$ 35.00		
ORDER DATE : Aug	just 31, 2023			
ORDER TIME : 10:	30 AM			
ORDER NO. : 963	3381-010			
CUSTOMER NO:	4303940			
	· 			
CHANGE OF AGENT				
NAME:	CCTC POA, INC.			
PLEASE RETURN THE	FOLLOWING AS	PROOF OF FILING:		
CERTIFIED				
XX PLAIN STA	MPED COPY			

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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

	•	7.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of <u>F</u>		is	
		egistered agent, or both, in the State of Fl			
1. The name of t	he corporation: CCTC POA, INC.				
2. The principal	office address: 222 LAKEVIEW AV	ENUE, SUITE 1130, WEST PALM BEAC	CH, FL 33	3401	
_	ddress (if different):				
4. Date of incorp	oration/qualification: 06/15/2023	Document number: N230000	07345		
	street address of the current registe trnent of State: (If resigned, enter re	rred agent and registered office on file with signed)	h the		
	CORPORATE CREATIONS NET	WORK INC.			
	801 US HIGHWAY 1		SE	2023	
	NORTH PALM BEACH, FL 3340	8			
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered offi	TAKY OF	2023 SEP -1 PM	1
	Corporation Service Company		E.S.		
	1201 Hays Street		E A	1: 24	
	P.	O. Box NOT acceptable	, ,		
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the s be identical.	treet address of the business office of its	registere	d agent,	
Such change wa authorized by th	s authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an cen notified in writing of the change.	officer so		
Midle	2	Michael Christiano, President			
v	e of an officer or director	Printed or typed name and title			
Corporation	י been notified in writing of this chi הService Company	nt and agree to act in this capacity, I statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby ange.	plete perf agent. C y confirm	formance Or, if this that the	
By: Eulith	OUNT	09/01/2023			
Sign	nature of Registered Agent	Date	<u>-</u>		
If signing on be	half of an entity:				
T	ped or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (04/13)