N23000008766

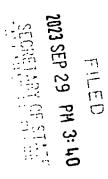
(Requestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NEW CONSCIENCE PRODUCTIONS, CO	RP
DOCUMENT NUMBER: N23000008766	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Jeannine Gaslonde	
Name of Contact Person	
NEW CONSCIENCE PRODUCTIONS, CORP	
Firm/Company	
22638 SW 94 Path	
Address	
Cutler Bay, FL 33190	
City/State and Zip Code	
Hanerita@aol.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	se call:
Jeannine Gustonde	786 229-9254
Name of Contact Person	at (786) 229-9254 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

1. The name of	the corporation: NEW CONSCIE	NCE PRODUCTIONS, CORP	
2. The principal	office address: 22638 SW 94 Path	n - Cutler Bay, FL 33190	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/20/2021	Document number: N2300000876	56
	d street address of the current regirtment of State: (If resigned, enter	gistered agent and registered office on file with the resigned)	~>
	Resigned	·-[i C 	E 1023 SEP
	Yunior Santana		FIL P 29
	22638 SW 94 Path. Cutler Bay, F		PR (F)
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	∰ 3: ↓ 0
	Jeannine Gaslonde		
	22638 SW 94 Path. Cutler Bay, F	FL 33190	
		P.O. Box NOT acceptable	
The street addr	ess of its registered office and the be identical.	he street address of the business office of its re	gistered agent,
Such change wathorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	icer so
	mille	Jeannine Gaslonde (Director)	
	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and comple the obligation of my position as registered aging in the registered office address, I hereby of change.	te performance zent. Or, if this onfirm that the
of my auties, ar document is be corporation ha			
of my auties, an document is be corporation ha	MILLE	09/16/2023	

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

Make Checks payable to Florida Department of State