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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

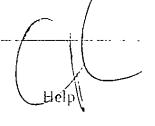
E-m - 4 1	Address:			

## REGISTERED AGENT CHANGE BRIDGE FOR IMMIGRANTS AND REFUGEE DEVELOPMENT INC

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	617,0502, 607,1508, or 617,1508, Florida S on organized under the laws of the State of $\underline{F}$ or registered agent, or both, in the State of $F$	lorida		
		IMIGRANTS AND REFUGEE DEVELOPMENT			
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 08/15/23	Document number: N2300000	9830		
	I street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file wit or resigned)	th the		
	JOSEPH, MARC E				
	FORT LAUDERDALE, FL 33311			~	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered of				<u></u>
	Northwest Registered Agent LLC		>> >>	2023 SEP 15 #	
	7901 4th St N STE 300	•	[T]. [T].	AM II:	
	P.O. Box NOT acceptable St. Petersburg FL 33702				
The street addre as changed will	ss of its registered office and the identical.	ne street address of the business office of its	regist	tered ag	gent,
		adopted by its board of directors or by an obeen notified in writing of the change.	officer	50	
<i>i</i> :	k is Josephia	Marc Joseph - President			
	e of an officer or director	Thinks in types have miss in	ie		
I further agree I of my duties, an document is bei	o comply with the provisions of d I am tamiliar with and accept	igent and agree to act in this capacity, fall statutes relative to the proper and com tall statutes relative to the proper and com the obligation of my position as registered tge in the registered office address, I hereb change.	plete p Lagent y confi	verform '. Or. i irm tha	ance f this t the
74 N.		09/15/2023			
Sign	nature of Registered Agent	Date			
	half of an entity:				
Taylor Newman		_			
- In	ped or Printed Name	_			

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