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(((H25000202020 3)))



H250002020203ABCN

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		•
To:		•
Division o	of Corporations	•
Fax Number	: (850)617-6380	•
From:		
Account Na	me : REGISTERED AGENTS INC.	
Account Nu	mber : 120090000081	
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.\*\*

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## **REGISTERED AGENT CHANGE** ALGORITHM COVE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

		1502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of
•	• •	istered agent, or both, in the State of Florida.
1. The name of	the corporation: Algorithm Cove, Inc.	
2. The principal	office address: 1261 McFarland Drive	
West Melbourne	FL 32904	
3. The mailing a	ddress (if different): 1261 McFarland D	rive West Melbourne FL 32904
4. Date of incorp	poration/qualification: 11/26/2024	Document number: N24000013788
	I street address of the current registered tment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)
	LEGALCORP SOLUTIONS, LLC	20 B
	3440 W HOLLYWOOD BLVD. SUITE 4.	15
	HOLLYWOOD, FL 33021	
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	
		Box NOT acceptable
	St. Petersburg FL 33702	
The street addreas changed will	ess of its registered office and the stre be identical.	ret address of the husiness office of its registered agent.
Such change wa authorized by the	is authorized by resolution duly adop se board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
KEJJH	a, Jean-Rielle In	KEITH A. JEAN-PIERRE Sr President
I hereby accept I further agree , of my duties, an document is bei	to of the other or director  the appointment as registered agent to comply with the provisions of all st of I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chang	tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the
Dand Chens		06/05/2025
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
David Roberts		
1	sped or Printed Name	

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