

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000278797 3)))



H240002787973ABCD

| Note: DO NOT hit the REFRESH/RELOAD button on your browser from | om this | page. |
|---|---------|-------|
| Doing so will generate another cover sheet. | | |

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 **

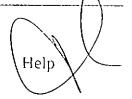
| Email | Address: | | | | | |
|-------|----------|--|--|--|--|--|
|-------|----------|--|--|--|--|--|

REGISTERED AGENT CHANGE CIOLA & ASSOCIATES, INC.

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

Electronic Filing Menu

Corporate Filing Menu



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

| statement of ch | ange is submitted for a corpora | tion organized u | (1508, or 617,1508, Florida Statu inder the laws of the State of <mark>Florid</mark> gent, or both, in the State of Florid | la |
|--|---|---|--|--|
| L. The name of | the corporation; Ciola & Associa | ites, Inc. | | |
| 2. The principal | office address: | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 07/03/00 | | Document number: P000006430 | 9 |
| | d street address of the current rentment of State: (If resigned, en | | nd registered office on file with th | ie |
| | CIOLA, SANDRA | | | |
| | 2222 PONCE DE LEON BLVD. | SUITE 300 | | |
| | CORAL GABLES, FL 33134 | | | 202 |
| 6. The name and (if changed): | d street address of the new regis | stered agent (if c | hanged) and /or registered office | ٠ |
| | Registered Agents Inc | | | |
| | 7901 4th St N STE 300 | - | | |
| | St. Petersburg FL 33702 | P.O. Box NOT a | cceptable | • |
| The street address changed will | ess of its registered office and be identical. | the street addres | ss of the business office of its reg | gistered agent, |
| Such change wa authorized by the | as authorized by resolution dul he board, or the corporation ha | ly adopted by its is been notified | s board of directors or by an officin writing of the change. | cer so |
| Sand | ia Ciola | San | dra Ciola-VP | |
| l hereby accept I further agree of my duties, ar document is be | re of an officer or director the appointment as registered to comply with the provisions a ad I am familiar with and accep ing filed merely to reflect a cha s been notified in writing of thi | agent and agre of all statutes re of the obligation inge in the regis s change. | Posted or typed name and inte- re to act in this capacity, relative to the proper and complet n of my position as registered ag stered office address, I hereby co | e performance ent. Or, if this infirm that the |
| Doin Cheas | | 08/2 | 20/2024 | |
| Sig | nature of Registered Agent | | Date | |
| lf signing on be | chalf of an entity: | | | |
| David Roberts | | | | |
| Т | yped or Printed Name | | 7 00 4 4 4 | |

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