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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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## REGISTERED AGENT CHANGE FLUID THINK, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\xi$

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida S. ion organized under the laws of the State of _ or registered agent, or both, in the State of Fl		
1. The name of	the corporation: Fluid Think, Inc	.,		
		er Ct. MELBOURNE, FL 32940		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/19/20	02 Document number: P0200004	42691	
	d street address of the current regitinent of State: (If resigned, enter	gistered agent and registered office on file wit er resigned)	h the	
	BUSINESS FILINGS INCORP	PORATED		
	1200 South Pine Island F	Road	29 <b>2</b>	
	Plantation, FL 33324		20 HAR 10	
6. The name and (if changed):		tered agent (if changed) and /or registered offi	icc - ,	
	Registered Agents Inc	C	M	-
	7901 4th St N STE 300		10.5 <b>2</b> 1	
	St. Petersburg FL 337	O. Box NOT acceptable		
The street address changed will	ess of its registered office and t l be identical.	he street address of the business office of its	registered agent,	
		y adopted by its board of directors or by an o been notified in writing of the change.		
<u>Nathar</u>	n Barnett ire of an officer or director	Nathan Barnett, President Printed or typed name and little		
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered to comply with the provisions of my duties, and I am familiar w is document is being filed mere	agent and agree to act in this capacity, of all statutes relative to the proper and compith and accept the obligation of my position by to reflect a change in the registered office notified in writing of this change.	olete as registered address, l	
Bee Han	<del>-</del>	3/10/2020		
218	mature of Registered Agent	Date		
	chalf of an entity:			
Bill Havre	Need or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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