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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 : (855)330-1010

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

Address:		
	Address:	Address:

## REGISTERED AGENT CHANGE LOU HAMMOND & ASSOCIATES, INC. (FL)

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

statement of cha	inge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida.  or registered agent, or both, in the State of Florida.			
	the corporation: LOU HAMMON				
	office address: 7901 4th St N, S				
3. The mailing a	ddress (if different): 145 King St	reet. Suite 411, Charleston, SC 29401			
4. Date of incorp	poration/qualification: 07/16/20	02 Document number: P02000078131			
	I street address of the current reg timent of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)			
	PHILIPPE D RADLEY				
	605 THIRD AVENUE 24TH FLOOR				
	NEW YORK, FL 10158				
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) and /or registered office			
	Northwest Registered	Agent LLC S			
	7901 4th St N STE 300	D. Box NOT acceptable			
	P.O. Boy NOT acceptable				
The street addre	St. Petersburg FL 337  ess of its registered office and the identical.	he street address of the business office of its registered agent,			
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer solution been notified in writing of the change.			
LOU R	HammanD	LOU R HAMMOND  Printed or typed name and title			
I further agrée i performance of	to comply with the provisions o my duties, and I am familiar w	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I notified in writing of this change.			
lon	Glove	1/29/2021			
-	nature of Registered Agent	Date			
	half of an entity:				
Tom Glove	r yped or Printed Name	_			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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