## 904000172942

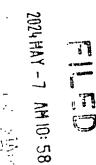
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## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Human2, Inc. d/b/a GoTrusted C Name of Corporation	Corporation
DOCUMENT NUMBER: P04000172942	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	
Edward Pimentel Name of Contact Person	
Human2, Inc.	<del>_</del>
Firm/Company 900 SE Ocean Blvd Suite D-232	2021
Address	
Stuart, FL 34994	
City/State and Zip Code	
epimentel@gotrusted E-mail address: (to be used for future annua	d.com
E-mail address: (to be used for future annua	d.com d report notification)
For further information concerning this matter.	
Edward Pimentel Name of Contact Person	at ( 954 ) 260-4667  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

	f the corporation: Human2	. Inc. d/b/a	GoTrusted				
2. The principal office address:							
. The mailing	g address (if different): 900	SE Ocean B	lvd Suite D-232 S	tuart, FL 34994			
. Date of inco	orporation/qualification: 12/29	)/2004	_ Document numbe	er: <u>P040001729</u>	)42 		
. The name a Florida Dep	and street address of the current partment of State: (If resigned, o	registered age enter resigned	ent and registered o )	office on file with	the		
	(RESIGNED)	<u> </u>					
	Frechette, Joseph C, JR. 10800 Biscayne Blvd.						
	Suite 620 Miami, FL 33161	<u> </u>					
					<b>~</b> >		
6. The name a	and street address of the new re ):Edward_Pimentel	gistered agent	(if changed) and /c	or registered offic	100 P		
(if changed	):			!* .*	를 미		
		<u></u>		<del></del>			
	900 SE Ocean Blvd			(5)	2 17		
	Suite D-232	P.O. Box NO	)T acceptable				
	Stuart, FL 34994				 51 8		
The street add as changed w	dress of its registered office and ill be identical.	d the street add	fress of the busines	s office of its reg	gistered agent.		
Such change authorized by	was authorized by resolution du the board, while corporation h	uly adopted by nas been notifi	<ul> <li>its board of directe ed in writing of the</li> </ul>	ors or by an office change.	cer so		
/ ()			Edward P	imental			
[ [ ] ]	arroy of an officer or director		Printed or ty	ped name and title	<del></del>		
Sign		istered agerit	and agree to act atutes relative to	in this capacity the proper and position as regis	i Complete perfor Stered agent. Or Pereby confirm th		
I hereby acc I further agr of my duties document is corporation	ept the appointment as reginere to comply with the provision and I am familiar with and being filed merely to reflect that been petified in writing	d accept the c t a change in of this chan	the registered off ge.	fice address,1 h	icreby conjimin a		
hereby acc further agr of my duties document is corporation	rept the appointment as reginate to comply with the provises, and I am familiar with and being filed merely to reflect that been notified in writing	d accept the c t a change in of this chan			iereby conjinii a		
hereby acc further agr of my duties document is corporation	rept the appointment as reginate to comply with the provision of the provi	d accept the c t a change in of this chan		fice address, 1 h			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)