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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.

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REGISTERED AGENT CHANGE CIDERLAND, INC

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Corporate Filing Menu

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

statement of cho	provisions of sections 607.0502, 617.050. inge is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of Flori	da	
	the corporation: CIDERLAND, INC	<u>, </u>		
	office address:			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 01/31/06	Document number: P0600001	5107	
5. The name and	I street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file with th		
	FRESNO, ALFREDO			
	500 Brickell Ave			
	Miami, FL 33131		2022	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Northwest Registered Agen	t LLC	2022 OCT II AM 8	
	7901 4th St N STE 300		<u></u>	
	St. Petersburg FL 33702	NOT acceptable	20	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its reg	gistered agent,	
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officitied in writing of the change.	cer so	
Africal	re of an officer or director	Alfredo Fresno Jr OWNER CEO		
I furthér agrée of my duties, ar document is be	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	I agree to act in this capacity, ites relative to the proper and complet gation of my position as registered ag registered office address, I hereby co	te performance ent. Or, if this onfirm that the	
Ton Gl	me_	10/11/2022		
Sig	nature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
Tom Glove				
Т	yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

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