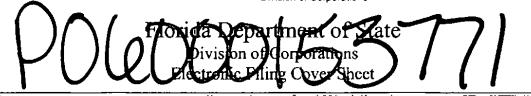
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104

Phone : (302)674-4089

Fax Number : (302)674-5266

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

Email Address:

dmv@potamkinfamily.com

## REGISTERED AGENT CHANGE 2427 PARENT CORPORATION

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

	-	102, 617.0502, 607.1508, or 617.1508, Florida Statides, this
statement of ch	ange is submitted for a corpor	ration organized under the laws of the State of Florida
in ord	ler to change its registered offi	ice or registered agent, or both, in the State of Florida.
1. The name of	the corporation; 2427 Parent (	Corporation
	office address: 5800 NW 171	
Miami, FL 33015		
3. The mailing	address (if different);	
_	rporation/qualification: 12/14/	2006 Document number: P06000153771
	nd street address of the current artment of State: (If resigned, a	registered agent and registered office on file with the enter resigned)
	David Yusko	
	5800 NW 171st Street	
•	Мішці, Fl 33015	
6. The name an (if changed):	7	gistered agent (if changed) and /or registered office
	NRAI Services, Inc.	·
	1200 South Pine Island Road	
	Plentation, Florida 33324	P.O. Box NOT acceptable
The street addi	ress of its registered office and I be identical.	d the street address of the business office of its registered agent,
Such change wanthorized by	as authorized by resolution d the board, or the corporation	tuly adopted by its board of directors or by an officer so has been notified in writing of the change.
Carte	Rhodes	John Rhodes UP
	t the appointment as registers to comply with the provision nd I am familiar with and acc ing filed merely to reflect a ca ing filed merely to reflect a ca in been petified in writing of t	ed agent and agree to act in this capacity.  s of all standes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.
	1000	6/23/2021
	gustifie of Registered Agent	Cate
II signing on b	chalf of an entity:	
ICTV	Typed or Printed Name	<u></u>
	. / pro- un e element e entire	TH THE EDG. 625 50 + + +

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By: