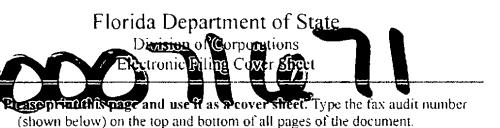
5/20/2020

Division of Corporations



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Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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REGISTERED AGENT CHANGE PARK 41 GARDENS, INC.

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

Pursuant to the provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of t	he corporation:	PARK 41 GARDENS, 1		
2. The principal	office address:_		<u>R</u>	
		SUITE 1840 HOUSTON, TX 770	157	
3. The mailing a	ddress (if differe	-		
4 Date of incom	oration/muslific	ation: 6/10/2007	Document number: P070000716	71
			•	
		of the current registered a If resigned, enter resigne	gent and registered office on file with the ed)	C
	R& A AGENT	rs, inc.	1,00,01,01	
		STREET, SUITE 1000		
	FORT MYEI			2020 L
6. The name and (if changed):	street address o	of the new registered ager	nt (if changed) and /or registered office	MAT 21 OKLIGA LAHASS
	CT Corporation	1 System		m" "L, ₹
e/o C T Corporation System, 1200 South Pine Island Road				FLOR
	Plantation, Flori	P.O. Box NOT dn 33324	a acceptable	500 5
The street address as changed will	ss of its register be identical.	ed office and the street	address of the business office of its regi	istered agent.
Such change was	s authorized by e board, or the	resolution duly adopted corporation has been no	by its board of directors or by an offic- tified in writing of the change.	er so
Frie	Lnivo		J. Kim Semiao , President	
l hereby accept to I further agree to verformance of h agent. Or, if this hereby confirm t	he appointment o comply with the ny dulies, and I i document is but hat the corpora oration	t as registered agent and he provisions of all statt am familiar with and a eing filed merely to refle tion has been notified it	d agree to act in this capacity. It is relative to the proper and complete act the obligation of my position as rect a change in the registered office addressed of this change.	e egistered dress, l
By: Sign	sture of Registered A	10)	5/20/2020 Date	
lí signing en beh	alf of an entity:			
	ped or Printed Name	<u>s M. H</u> alp		
·	Assist	ant Segretar	£: \$35.00 * * *	

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