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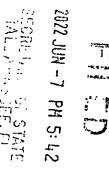
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A. BUTLER AUG 1 8 2022

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TO:

Amendment Section

address
ice/Agent and fee are submitted for filing.
ter to the following:
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<u> </u>
ort notification)
e call:
at (508 \ \)662-0151
at (508) 662-0151 Area Code & Daytime Telephone Number
artment of State.
Street Address: Anændment Section
Division of Corporations
The Centre of Tallahassee

CR2E045 (04/13)

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

statement of cha	provisions of sections 607.0502, C inge is submitted for a corporation ir to change its registered office of	n organized under the laws of the	e State of Florida	, this
I. The name of	the corporation: Webminds, Inc			
2. The principal	office address: 950 North Collier F	Blvd #419, Marco Island, Fl 34145		
	ddress (if different):			
4. Date of incor	poration/qualification: 07/10/2008	Document number	: P08000065999	
	I street address of the current registment of State: (If resigned, enter	-	on file with the	
	Lynn Domenici			
	1078 Blue Hill Creek Drive			202
	Marco Island, Fl 34145		DAL.	1 - Hu. 2022 Juli - 7
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or reg	gistered office	-7 PA
	Lynn Domenici		(n)	1 5: 42
	950 North Collier Blvd #419		ATE.	է 2
	Marco Island, Fl 34145	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and the be identical.	e street address of the business of	office of its regist	ered agent,
	as authorized by resolution duly a board, or the corporation has be			
P/1.11	//. <i>(</i> /	Pierre Narath		
Signatu	fe of an officer or director	Printed or type	d name and title	
I further agrée of my duties, ai document is bei	the appointment as registered as to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang s been notified in writing of this o	all statutes relative to the prope the obligation of my position as ge in the registered office addre	er and complete p	erformance Or, if this rm that the
LIM	Lower o	05/18/2022		
Sig	nature of Registered Agent	D	ate	
If signing on be	half of an entity:			
Т	yped or Printed Name	_		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. BC < 6327, Tallahassee, FL 32314

CR2E045 (04/13)

* * * FILING FEE: \$35,00 * * *