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_____ To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENTS INC. Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.* Email Address: 11 **REGISTERED AGENT CHANGE** CONDOR INTERNATIONAL, INC. Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$35.00 PM I: Electronic Filing Menu Corporate Filing Menu Help ్చ లా

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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 Florida _ in order to change its registered office or registered agent, or both, in the State of Florida,

1. The name of the corporation: Condor International Inc 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: 08/22/08 ___ Document number: P08000078214 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Northwest Registered Agent LLC `ar 7901 4th St N STE 300 P.O. Box NOF acceptable St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

onathan Coon ignature of an officer of director

Jonathan Coon - President Printed or Typed name and title

Date

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

4/17/2024

If signing on behalf of an entity:

Taylor Newman

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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