Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

AND THE RESIDENCE AND ADDRESS OF THE PARTY O

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

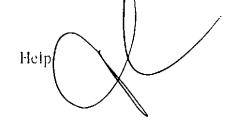
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REGISTERED AGENT CHANGE ALLEN SANTOS LAW P.A.

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Electronic Filing Menu Corporate Filing Menu



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

statement of c	hange is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statutes, corganized under the laws of the State of Florida	this
		registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: Allen Santos Law i	5.74.	
2. The princip	oal office address: 14620 Black Quill 1	Dr. Winter Garden, FL 34787	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 10/15/2008	Document number: P08000094063	
	and street address of the current regis partment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	Anessa M Allen Santos		
	14620 Black Quill Drive		71
	Winter Garden, FL 34787		Zer :
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed);		ed agent (if changed) and /or registered office	=
	Corporate Creations Network Inc.		Fi. 9: 23
	801 US Highway 1		23
		P.O. Box NOT acceptable	
	North Palm Beach, FL 33408		
The street add	lress of its registered office and the ill be identical.	street address of the business office of its registe	red agent
Such change authorized by	was authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by an officer seen notified in writing of the change.	io
	- 557	Saray Djidji, Attorney in Fact 4/10/23	
Signa	ature of an officer or director	Printed or typed name and title	
I further agre of my duties, a document is b	pt the appointment as registered ag te to comply with the provisions of a and I am familiar with and accept t being filed merely to reflect a chang has been notified in writing of this c	ent and agree to act in this capacity. Il statutes relative to the proper and complete pe he obligation of my position as registered agent, e in the registered office address, I hereby confir hange.	rformanc Or, if thi m that the
	- 3 5	4/10/23	
	Signature of Registered Agent	Date	
If signing on l	behalf of an entity:		
Saray Djidji, S	pecial Secretary		
	Typed or Printed Name		
	* * * 611 13	VC: FFF: \$35.00 * * *	

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