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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

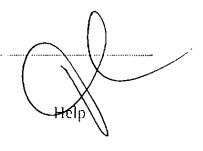
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SALE CLOSERS, INC.

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

statement of cha	mge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Stat in organized under the laws of the State of <mark>Flor</mark> ir registered agent, or both, in the State of Flor	rida
		Inc.	
3. The mailing a	nddress (if different):		
4. Date of incor	oration/qualification: <u>11/07/2</u> 9	008 Document number: <u>P080000</u>	99775
	I street address of the current registance of State: (If resigned, enter	stered agent and registered office on file with tresigned)	the
	HALE, SHARON MCGE		2023
	883 W GRANADA BLVD		2023 JAN - 6
	ORMOND BEACH, FL 3		$\widetilde{\omega}^{-1}$
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	(YO) 👺 🕻
	Registered Agents Inc		` # o
	7901 4th St N STE 300		
	St. Petersburg FL 3370	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its re	egistered agent,
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	idopted by its board of directors or by an off seen notified in writing of the change.	icer so
James Vaughm Signiture of an orbicer of director		James Vaughn, President	
I hereby accept I furthér agree of my duties, an document is bei	the appointment as registered as	gent and agree to act in this capacity, all statutes relative to the proper and comple the obligation of my position as registered as we in the registered office address. I hereby c	
Jana Becelo		01/06/23	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Robe		-	
I)	eped or Printed Name		

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