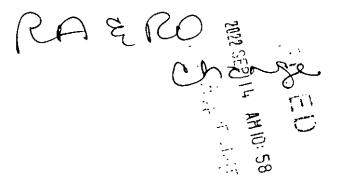
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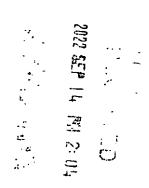
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| | (City/State/Zip/Phone #) | | | |
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| Certified Copies | _ Certificates of Sta | tus | | |
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| Special Instructions to | Filing Officer: | | | |
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09/14/22

NAME: BEST FOOT FORWARD SALES INC.

TYPE OF FILING: CHANGE OF RA

35.00 COST:

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|---------------|---|--------------|--|
| | Division of Corporations | | |
| SUBJI Name | ECT: BEST FOOT FORWARD SALES INC of Corporation | | |
| DOCU | JMENT NUMBER: P09000044322 | | |
| The en | closed Statement of Change of Registered Office/Age | nt and fee a | re submitted for filing. |
| Please | return all correspondence concerning this matter to the | e following: | : |
| Jonatha | an Porter | | |
| - + | of Contact Person | | |
| | NCED CORPORATE AGENT SERVICES INC. | | |
| _ | Company | | |
| | ASALLE ST STE 1510 | | |
| Addre | SS . | | |
| CHICA | AGO, IL 60602 | | |
| City/Si | tate and Zip Code | | |
| - | RA@ADVANCEDCORPAGENTS.COM | | |
| E-mai | l address: (to be used for future annual report noti | fication) | |
| | • | , | |
| For fur | ther information concerning this matter, please call: | | |
| Jonatha | in Porter | 312 | ₃ 929-3000 |
| | Name of Contact Person | Area Code | 929-3000 & Daytime Telephone Number |
| | | | |
| Enclos | ed is a \$35.00 check made payable to the Department | of State. | |
| | | | |

Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

| statement of cha | ange is submitted for a corporation organi | 2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both, in the State of Florida. | | |
|--|--|--|--|--|
| The name of The principal | the corporation: BEST FOOT FORWARD office address: 5960 SW 16 CT, PLANTA | TION, FL 33317 | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 05/19/2009 | Document number: P09000044322 | | |
| | d street address of the current registered ag rtment of State: (If resigned, enter resigned | | | |
| | SAMI, SAM | | | |
| | 8181 WEST BROWARD BLVD. #350 | | | |
| | Plantation, FL 33324 | 2022 S | | |
| 6. The name and (if changed): | d street address of the new registered agen | Si F | | |
| | Florida Filing & Search Services, Inc. | = 1 | | |
| | 155 Office Plaza Drive | NOT acceptable | | |
| | P.O. Box Tallahassee, FL 32301 | NOT acceptable | | |
| The street address changed will | ess of its registered office and the street a be identical. | address of the business office of its registered agent, | | |
| Such change wa authorized by the | as authorized by resolution duly adopted he board, or the corporation has been not | by its board of directors or by an officer so ified in writing of the change. | | |
| Byzon | n Dennis te of an officer or director | Byron Dennis Co-CEO | | |
| I hereby accept I further agree of of my duties, an document is bei | the appointment as registered agent and | Printed or typed name and title I agree to act in this capacity tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the | | |
| - | nature of Registered Agenth | 9-14-22 Daile | | |
| Τ | yped or Printed Name | | | |
| | * * * FILING FE | E: \$35.00 * * * | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)