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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

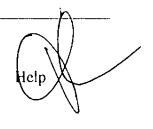
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SENTIA, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

statement of chai	provisions of sections 607.0502, 617.0502, 60 pge is submitted for a corporation organized to change its registered office or registered o	under the laws of the State of Florida	·
1. The name of t	he corporation: Sentia, Inc.		
2. The principal of	office address: 113 PONTOTOC PLAZA, AUE	URNDALE, FL 33823	
3. The mailing ac	ddress (if different): 113 PONTOTOC PLAZA	, AUBURNDALE, FL 33823	
	oration/qualification: 08/20/2009		
	street address of the current registered agent tment of State: (If resigned, enter resigned)	and registered office on file with the	
	HARDING BELL INTERNATIONAL, INC.		
	113 PONTOTOC PLAZA		
	AUBURNDALE, FL 33823		
6. The name and (if changed):	street address of the new registered agent (if	changed) and /or registered office	7077 000 1 9
	Corporate Creations Network Inc.		HASSIC.
	801 US Highway 1		81 6: 2 81 6: 12:
	P.O. Box NOT	acceptable	<u> </u>
	North Palm Beach, FL 33408		: 12
The street addre as changed will	ss of its registered office and the street addressed identical.	ess of the business office of its regis	tered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by i e board, or the corporation has been notified	ts board of directors or by an officer in writing of the change.	r so
1/2	at Ko	vin Duteau, Attorney-in-Fact	
Signatur	e of an officer or director	Printed or typed name and title	
I further agrée t of my duties, and document is beir	the appointment as registered agent and age to comply with the provisions of all statutes in I am familiar with and accept the obligation of filed merely to reflect a change in the reg been notified in writing of this change.	relative to the proper and complete pon of my position as registered agen	t. Or, if this
12	at 10	/19/2022	
Sign	lature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Kevin Duteau, Sp	pecial Secretary		
Ту	ped 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 CR2E045 (04/13)