Division of Corporations Electronic Filing Cover Sheet

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· To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE PREFERRED BUSINESS SERVICES, INC.

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SEP 2 9 2021

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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statut nized under the laws of the State of Florid tered agent, or both, in the State of Florid						
1. The name of	the corporation; Preferred Business Serv	vices, Inc.						
	. The principal office address: 2020 Ponce De Leon Blvd. Suite 1107 Coral Gables FL 33134							
3. The mailing a	address (if different): 2020 Ponce De Leon	n Blvd. Suite 1107 Coral Gables FL 33134						
4. Date of incor	poration/qualification: 02/16/2011	Document number: P1100001654	14					
	d street address of the current registered a rtment of State; (If resigned, enter resign	agent and registered office on file with the ed)	a					
	Bello & Martinez PLLC							
	2850 Douglas Road #303							
	Coral Gables, FL 33134							
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	397578 OF CO 2021 SEP 28					
	Registered Agents Inc.		28 28					
	7901 4th St N STE 300							
	P.O. Box NO St. Petersburg FL 33702	F acceptable	OF STATE DRPORATION AM 10: 17					
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regi	stered agent.					
Such change w authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an office titled in writing of the change.	er so					
Jarrier	Jimenez, Jr	Javier Jimenez, Jr-Manager						
I further agree performance of agent. Or, if th	my duties, and I am familiar with and a	tutes relative to the proper and complete accept the obligation of my position as re lect a change in the registered office add	egistered					
Bee Home		9/28/21						
Signature of Registered Agent		Date						
	chalf of an entity;							
Bill Havre	yped or Printed Name							
·	* * * FILING FE	EE: \$35.00 * * *						

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327. Tallahassee, FL 32314 CR2E045 (03/12)