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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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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 REALEQUITY CORPORATION

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Corporate Filing Menu

Help

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

statement of cha	unge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida St n organized under the laws of the State of <u>Fl</u> r registered agent, or both, in the State of Fl	orida
1. The name of	the corporation: REALEQUITY C	ORPORATION	
2. The principal	office address: 16813 Nikki Ln, Od	dessa, FL 33556	
3. The mailing:	address (if different): 20 BAY STR	REET, 1205, TORONTO, ON M5J 2-N8 CA	
4. Date of incor	poration/qualification: 08/24/2011	Document number: P11000075	347
5. The name an		stered agent and registered office on file with	
	Warren Ring		
	16813 Nikki Ln		
	Odessa, FL 33556		
6. The name an (if changed):	d street address of the new register	red agent (if changed) and /or registered offi	ce
	Registered Agents, Inc.		, મન્
	7901 4th St N STE 300		ري دع سوري
	St. Petersburg, FL. 33702	P.O. Box NOT acceptable	.07 - 22
The street addr	ess of its registered office and the l be identical.	e street address of the business office of its	registered agent,
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or by an obeen notified in writing of the change.	officer so
ALLISTOPE OF TRESTS Signature of an officer or director		ALLISTAIR A TRENT	
		Printed or typed name and title	¢ T
I further agree of my duties, a document is be	to cominly with the provisions of	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	plete performance agent. Or, if this confirm that the
Rilmy t	~ L	11/02/2020	
Si	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Riley Park		_	
٦	Typed or Printed Name		

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