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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.

~ '7 4	1.1			
FMAII A	\ddress:			

REGISTERED AGENT CHANGE SUPERCOOLER TECHNOLOGIES, INC.

Certificate of Status	0
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Help

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida 3	
	change is submitted for a corporation organized under the laws of the State of $rac{1}{2}$ rder to change its registered office or registered agent, or both, in the State of F	
1. The name of	of the corporation: Supercooler Technologies, Inc.	
	nal office address: 555 WINDERLEY PLACE SUITE 300	
	ID, FL 32751	
3. The mailing	g address (if different):	
_	orporation/qualification: 04/18/12 Document number: P12000	036872
	and street address of the current registered agent and registered office on file wipartment of State: (If resigned, enter resigned)	th the
	NRAI SERVICES, INC.	_
	1200 SOUTH PINE ISLAND ROAD	_
	PLANTATION, FL 33324	<u> </u>
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered off	ice
	Registered Agents Inc	
	7901 4th St N STE 300	: . ::
	P.O. Box NOT acceptable St. Petersburg FL 33702	သ
The street addr	dress of its registered office and the street address of the business office of its ill be identical.	s registered agent.
-	was authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so
Dougla	As Shuntuch DOUGLAS SHUNTICH Printed or typed name and tit	
I hereby accept I further agree of my duties, an document is be corporation ha	pt the appointment as registered agent and agree to act in this capacity, et to comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligation of my position as registered being filed merely to reflect a change in the registered office address, I herebuas been notified in writing of this change.	whete performance Lagent. Or, if this by confirm that the
David Polesto	04/07/2023	
Sij	Signature of Registered Agent Date	
If signing on be	behalf of an entity:	
David Rob		
1	Typed 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)