

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

Phone : (307)200-2803

Fax Number : (813)436-5206

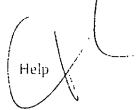
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Email Address:_____

REGISTERED AGENT CHANGE PILLOW ENTERPRISES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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

statement of cha	nge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida Statu n organized under the laws of the State of <mark>Florid</mark> r registered agent, or both, in the State of Florid	a	
). The name of t	he corporation: Pillow Enterprises	Inc.		
2. The principal	office address:			
3. The mailing a	ddress (if different):			
4. Date of incoπ	oration/qualification: 07/05/12	Document number: P12000059604	, 	
	street address of the current regi- fraction of State: (If resigned, enter	stered agent and registered office on tile with the resigned)	е	
	BRYANT, BERNARD H			
	847 NW 119 STREET SUITE 205			
	MIAMI, FL 33168		202	
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office:	2023 DEC 12	3
	Registered Agents Inc	ි. 	AM	
	7901 4th St N STE 300	17 T	8: 	i T
	St. Petersburg FL 33702	P.O. Box NOT acceptable 13.5	5.5	
The street addre	ss of its registered office and the be identical.	street address of the business office of its reg	istered a	gent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an offic seen notified in writing of the change.	er so	
این این کنید Signatur	Statistics of director	Jason Pillow - Director Printed or typed name and title	· *******	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered as o comply with the provisions of d I am familiar with and accept in g filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered age we in the registered office address. I hereby con-	: perform nt, Or, i nfirm tha	iance Lithis at the
DW/ Pers		12/12/2023		
Signing on be	nature of Registered Agent	Date		
David Roberts	ma vi an carry.			
	ped or Printed Name	_		

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