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(Re	equestor's Name)	
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CT CORP

(850) 656-4724 3458 lakesore Drive Taliahassee, FL 32312

D	ate:	12/11/2024	- w: 1 > W
	. .	Acc#120160000072	and the second
Name:	Berger Firm	PA	
Document #:			
Order #:	16020251		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination:	
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Thank you!

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida			
	er to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of	the corporation: BERGER FIRM P.A.			
	I office address:			
10800 Biscayne	Blvd Ste 201 Miami, FL 33161			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 08/20/2012 Document number: P12000071362			
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)			
	BERGER, CHASE			
	1031 N MIAMI BEACH BLVD			
	N MIAMI BEACH, FL 33162			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			
	C T Corporation System			
	1200 South Pine Island Road			
P.O. Box NOT acceptable				
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.			
Such change was authorized by th	as anthorized by resolution duly adopted by its board of directors or by an officer so be beginning of the corporation has been notified in writing of the change.			
(_	Chase Berger			
	re of an officer or director Printed or typed name and title			
I hereby accept I further agree t of my duties, an document is bel corporation has CT Corporation	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specified in writing of this change.			
/ '	A Chilose And Sice Lay 12/10/24 Date Date			
If signing on be	half of an entity:			
Kathrya	yped 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)

By: