

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail.	Address:			
CMGTT	AUUI 235.			

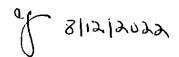
REGISTERED AGENT CHANGE VANACOFF TRADING CO INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

VANACOFF TRADING CO INC. Name of Corporation P12000079745 **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy at (888) 705-7274 Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

	provisions of sections 607.0502, 6 ange is submitted for a corporation				
	er to change its registered office or	**	_	•	Florida.
	the corporation: VANACOFF				
2. The principal	office address: 5239 SUFFO	LK DR	BOCA R	ATON, FL 3	33496
2 The Divers	address (if different): 4315 Aus	tin Blvd	Island F	Park NV 115	
-	poration/qualification: 9/19/201			number: P120	
	d street address of the current regis rtment of State: (If resigned, enter		and register	ed office on file v	with the
	BLUMBERGEXCELSIOR	CORPOR	RATE SEF	RVICES INC	2022
	155 OFFICE PLAZA DR 15	- 22 FC			
	TALLAHASSEE		FL	32301	
6. The name and (if changed):	d street address of the new registers Registered Agent Sol		•	nd /or registered o	office
	155 Office Plaza Dr.		Suite A		<u> </u>
	TOO OTHOC I TOZO DI.	P.O. Box NO			
	Tallahassee	FL	3230)1	
The street address changed will	ess of its registered office and the lbe identical.	street addı	ess of the b	usiness office of	its registered agent,
Such change wanthorized by the	as authorized by resolution duly a he board, or the corporation has b	dopted by een notific	its board of d in writing	directors or by a of the change.	n officer so
^s Jeffre	y Gabel, Esq.	Jef	frey Gab	el, Esq.	Authorized Person
I hereby accept I further agree of my duties, ar document is bet corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ill statutes he obligati e in the res hange.	ree to act in relative to to on of my po gistered offic	this capacity. he proper and co sition as register ce address, I here	omplete performance and agent. Or, if this
— Hockey	-	<u>8</u>	/11/2022		<u> </u>
_	gnature of Registered Agent			Date	
If signing on be	ehalf of an entity:				
	, Assistant Secretary				
T	Typed or Printed Name	uo res	28.00 * * *		
	* * * FILI?	NG FEE: 3	J5.00 * * *		