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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057
Phone : (813)280-1256

Fax Number : (813)251-8715

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

Email Address: grade to here Skall Cons

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LLC REGISTERED AGENT CHANGE NEOSITES INC

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE Name o	ECT: Neosites Inc of Corporation	
DOCU	JMENT NUMBER: P12000085402	
		Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this r	matter to the following:
Ghada	Skaff	
Name	of Contact Person	
Lieser	Skaff Alexander	
Firm/C	Company	
403 N.	. Howard Avenue	
Addre	SS	
-	a, FL 33606	
City/S	tate and Zip Code	
	ghada@licserskaff.com	
E-mai	il address: (to be used for future annual	report notification)
For fu	urther information concerning this matter, p	lease call:
Ghada	a Skaff	at (B13) 280-1256 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed 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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

H20000 25455873

CR2E045 (04/13)

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

statement of chan	rovisions of sections 607.0502, 617.0502 ge is submitted for a corporation organiz to change its registered office or register	zed under the laws of the State of Florida	<u> </u>		
i. The name of th	e corporation. Neosites Inc				
. The name of the corporation: Neosites Inc The principal office address: 20900 NE 30th Ave, 200, Aventura, FL 33180					
3. The mailing ad	dress (if different):				
4. Date of incorpo	oration/qualification: 10/09/2012	Document number: P12000085402			
5. The name and	street address of the current registered agment of State: (If resigned, enter resigned	gent and registered office on file with the			
	Corporaciones America LLC				
20900 N.E. 30th Ave, Suite 200-27					
·	Aventura, FL 33180				
6. The name and (if changed):	street address of the new registered agen	it (if changed) and /or registered office	2920 ;		
Lieser Skaff Alexander					
		<u> </u>			
P.O. Box NOT acceptable					
	Tampa, FL 33606		212		
The street addre	ess of its registered office and the street be identical.	address of the business office of its reg	istered agent,		
Such change was authorized by th	us authorized by resolution duly adopted the board, or the corporation has been no	l by its board of directors or by an offic tified in writing of the change.	er so		
	Brunan lake	Brennan Lake	President		
Signatu	William stabiletin	Printed or typed name and title			
I hereby accept I further agree of of my duties, an document is bet corporation has	the appointment as registered agent an to comply with the provisions of all stat of I am familia: with and accept the obl no filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complet igation of my position as registered ago e registered office address, I hereby co	e performance ent. Or, if this infirm that the		
		7/31/2020			
Sig	Lieser Skarf Alexander	Date			
If signing on bo	chalf of an entity:				
Ghada Skaff					
- 1	yped or Printed Name				
	* * * FILING FI	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314