Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230000985273)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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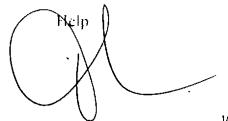
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	
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REGISTERED AGENT CHANGE RESOLVE SALVAGE & FIRE (SOUTH AFRICA) INC

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$43.75

Electronic Filing Menu Corporate Filing Menu



From: David Th

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

statement of cl	nange is submitted for a corporation org)502, 607,1508, or 617,1508, Florida St ganized under the laws of the State of $\frac{V1}{2}$ distered agent, or both, in the State of F1	orida	
	Title corporation: RESOLVE SALVAGE	•		
	al office address: 3301 SE 14th Avenue, I			
4. Dateofincor	poration/qualitication: 05/23/2013	Document number: P13000045	i868	
	nd street address of the current registere artment of State: (1) resigned, enterresig	d agent and registered office on file with med)	n the	
	ANDREA JANSZ			
	1510 SE 17 STREET, SUITE 400		2023 MAR 15	
	FORT LAUDERDALE, FL 33316			
6. The name ar (ifchanged)		gent (if changed) and /or registered offic	AM 9: 24	
	1200 South Pine Island Road			
	P.O Plantation, Florida 33324	Box NO Facceptable		
The street add as changed wi	ress of its registered office and the stre If be identical.	eet address of the business office of its	registered agent.	
Such change v	vas authorized by resolution duly adop	ited by its board of directors or by an o notified in writing of the change.	flicer so	
	Br Hard	JOE DAVIS, SECRETARY		
Signa	ture of an officer or director	Printed or typed name and title	,	
I further agree of my duties, a document is he corporation he	nd Lam familiar with and accept the c eing filed merely to reflect a change in as been notified in writing of this chan	latules relative to the proper and comp obligation of my position as registered The registered office address, Thereby	avent. Or. if this	
CT Corporation	ignature of Registered Agent	03/09/2023		
3	ignature of Registered Agent	Date		
If signing on b	schalf of an entity:			
SEAN L. EME	RICK, ASSISTANT SECRETARY			
	Typed or Printed Name	1901 - 61 - 60 - 8 -		
	* * * 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: