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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803 Fax Number : (855)330-1010

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

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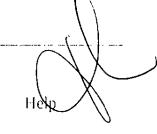
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## REGISTERED AGENT CHANGE **BGLOBE, INCORPORATION**

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.				
	the corporation: BGLOBE, INCORPORATION				
	office address: 5851 Legacy Circle				
Plano Texas					
3. The mailing a	address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702				
4. Date of incorp	poration/qualification: 09/23/2013 Document number: P13000078051				
	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)				
	BRONZATO, ANDERSON				
	1100 S FEDERAL HWY, SUITE 443				
	DEERFIELD BEACH, FL 33441				
6. The name and (if changed):	DEERFIELD BEACH, FL 33441  d street address of the new registered agent (if changed) and /or registered office.  Registered Agents Inc				
	Registered Agents Inc				
	7901 4th St N STE 300				
	St. Petersburg FL 33702				
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 wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.				
Ander Signatur	Anderson Bronzato, PVST Printed or typed name and title				
I further agree t of my duties, an document is bei	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 of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speem notified in writing of this change.				
I bild Prants	05/16/2023				
Sign	nature of Registered Agent Date				
If signing on be	half of an entity:				
David Robe	erts				
Т	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 (64/13)