P140000 39837





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03/30/20--01010--025 **35.00

COVER LETTER

TO:

Amendment Section Division of Corporations

4GN Inc.	
SUBJECT: Name of Corporation	
DOCUMENT NUMBER: P14000039837	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Guillermo Zobel	
Name of Contact Person 4GX Inc.	
Firm/Company 11835 Watercrest Circle East	
Address Parkland, FL 33076	
City/State and Zip Code	
billzobel@me.co	m
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	please call:
Guillermo Zobel	954 227-8342
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

_		607.1508, or 617.1508, Florida Statutes d under the laws of the State of $_$ FLOI	
		d agent, or both, in the State of Florida.	
The name of the corporation:	4GX Inc.		
The name of the corporation: 11385 Watercrest Circle East, Parkland, FL 33076 2. The principal office address:			
3. The mailing address (if different)) :		
3. The mailing address (if different)4. Date of incorporation/qualification	on:	Document number:	i7
	ne current registered ager	nt and registered office on file with the	
	Resigned		31VÍSIGH 2820 MA I
- FERNANDEZ	-BERGNES & ASSOC PA		WISION OF CO
7400 WEST F	- · · · + ·		R OF
MIAMI, FL 33	144		=:
Registered Ag 6. The name and street address of the (if changed): Guillermo Zobel	gent Resigned: 03/02/2021 ne new registered agent (1		OF CORPORATE 7
11385 Watercrest C	Circle East, Parkland, FL 3	3076	
	P.O. Box NO)T acceptable	
-		lress of the business office of its regist	
Such change was authorized by res authorized by the board, or the con		its board of directors or by an officered in writing of the change.	so
110 Mul		Guillermo Zobel - PTS	
Signature of air officer or director		Printed or typed name and title	
of my duties, and I am familiar will	provisions of all statutes h and accept the obligat reflect a change in the re	gree to act in this capacity. Frelative to the proper and complete pi ion of my position as registered agent, gistered office address, I hereby confi	. Ur. if this
Will Wal		March 26, 2020	
Signature of Registered Agent		Date	
If signing on behalf of an entity:			
Typed or Printed Name	 		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *