



Division of Corporations Electronic Filing Cover Sheet

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(((H23000128695 3)))



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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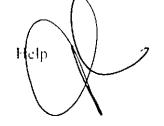
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## REGISTERED AGENT CHANGE FIFTY-FOUR, INC.

Certificate of Status	()
Certified Copy	1
Page Count	()2
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu



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To

By:

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

statement of cha	inge is submitted for a corporation	n organized under the laws of the State of <mark>Florida</mark> r registered agent, or both, in the State of <mark>Florida</mark>	. mis
1. The name of	the corporation: $\frac{\text{FIFTY-FOUR. IN}}{}$	С.	
2. The principal	office address: 11702 NW 140TH	ST. ALACHUA, FL 32615	
3. The mailing a	ddress (if different):		
4. Dateofincorp	oration/qualification: $\frac{08/25/2014}{2}$	Document number: P14000070689	
	I street address of the current regis tment of State: (If resigned, enter-	stered agent and registered office on file with the resigned)	
	HOLLOWAY, RAYMOND		
	11702 NW 140TH ST.		2
	ALACHUA, FL 32615		6707
6. The name and (ifchanged):	red agent (if changed) and /or registered office	7	
	C T Corporation System		
	1200 South Pine Island Road		r::10:27
	P.O. Box NOT acceptable	-1	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regist	ered agent.
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer been notified in writing of the change.	so
Shoel	Lin Allao C.	Shartin Aldao-Carrillo, Secretary	
_	e of an officer or director	Printed or typed name and title	
I jurthèr agrée i of my duties, an document is hei	to comply with the provisions of the day of the familiar with and accept to the filed merely to reflect a change been notified at writing of this continuations.	zent and agree to act in this capacity, all standes relative to the proper and complete p the obligation of my position as registered agent, ge in the registered affice address, I hereby confi- tuange.	erformance . Or if this rm that the
C 1 Corporation	XXX T	4/5/2023	
Sig	mitte of Registord Agen-	Date	
If signing on be	half of an entity		
	ssistant Secretary	-	
E)	sped 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 (04/13)