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(((H210003367373)))



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To:

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.

Email Address:

REGISTERED AGENT CHANGE PREVANT, INC.

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SEP 1 3 2021

S. PRATHER

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Help

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida. Segistered agent, or both, in the State of Florida.	this		
1. The name of t	he corporation: PREVANT, INC.				
	office address: 7901 4th St N STE 6	5007			
St. Petersbur	rg FL 33702				
3. The mailing a	ddress (if different): 7901 4th St N ST	TE 6007			
St. Petersbi	urg FL 33702				
4. Date of incorp	poration/qualification: 11/10/14	Document number: P14000091886			
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with the signed)			
6151 Lake Osprey Drive 3rd Floor			الدعور الدعور		
Sarasota, FL 34240			78 :	2021 S	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		LAND BUILD	2021 SEP 10 AH	FILED	
	Northwest Registered Ag	gent LLC	77.	A.	J
	7901 4th St N STE 300			8: 2	
	P.O. Box NOT acceptable St. Petersburg FL 33702		د ئ ر.		
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its register	red agent.		
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	opted by its board of directors or by an officer son notified in writing of the change.	o		
KEVIN FONTES, President Signature of an officer or director Printed or typed name and title		·			
I further agree i performance of	my duties, and I am familiar with a	••	stered s, I		
lon	Glove	09/10/2021			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity;				
Tom Glove	Constant Nume				

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