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(((H230002034113)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011

Phone : (844)386-0178

Fax Number : (214)317-4754

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

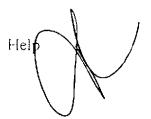
RW91T	Address:	

REGISTERED AGENT CHANGE PREVANT, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H23000203411 3)))

statement of cha	nge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of Fe egistered agent, or both, in the State of Floric	L		
1. The name of t	he corporation: Prevant, Inc.				
		ive,3rd Floor,Sarasota, FL, US, 34240			
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 11/12/2014 Document number: P14000091886					
5. The name and Florida Depar	I street address of the current registe trnent of State: (If resigned, enter re	ered agent and registered office on file with the signed)	ıe		
	NORTHWEST REGISTERED AGE	INT LLC			
	7901 4TH ST N., STE 300		; ;	207	
	ST PETERSBURG, FL 33702		17.	2023 JUN -6	
ST PETERSBURG, FL 33702 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	LEGALINC CORPORATE SERVICE	CES INC.	,	AM 9:	
	476 Riverside Ave		- T. T.	ဒဓ	
		O. Box. NOT acceptable			
	Jacksonville, FL, 32202				
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its reg	gistered	agent,	
		opted by its board of directors or by an officen notified in writing of the change.			
//.		Kevin Fontes, President			
ngnalu	e of an ovicer or director	Printed or typed name and title			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered ages o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complet e obligation of my position as registered ag in the registered office address. I hereby co inge.	te perfor ent. Or onfirm ti	rmance if this hat the	
4/16	10	6/5/2023			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Erik Treutlein					
T ₃	ped or Printed Name				

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