Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)385-0178 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. **

Email Address:

REGISTERED AGENT CHANGE DUET, INC.

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Help

(((H23000048772 3)))

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

statement of cha	nge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida Sta on organized under the laws of the State of FL	,
		or registered agent, or both, in the State of Flo	rīda,
1. The name of t	the corporation: DUET, INC.		
	office address:	33131	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/05/2015	Document number: P15000001	077
	l street address of the current regi tment of State: (If resigned, enter	istered agent and registered office on file with resigned)	the
	DEWAN, RAHUL		
	335 S BISCAYNE BLVD, UNIT	3409	
	MIAMI, FL 33131		
5. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered offic	e
	LEGALING CORPORATE SERV	VICES INC.	2023 Saya
	476 Riverside Ave		2023 FEB
		P.O. Box. NOT acceptable	1 1
	Jacksonville, FL, 32202		SSE A
		e street address of the business office of its r	registered ent.
Such change wa outhorized by th	is authorized by resolution duly board, or the corporation has l	adopted by its board of directors or by an of been notified in writing of the change.	ilicer so 🐸
		Rahul Dewan	
Signatur	re of an officer or director	Printed or typed name and title	· · · · · · · · · · · · · · · · · · ·
i juriner agree i of my duties, an document is bei	the appointment as registered a to comply with the provisions of d! am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered of ge in the registered office address. I hereby change.	iete performance agent. Or, if this confirm that the
- A	16 For	1/23/2023	
Sign	nature of Registered Agent	Date	
f signing on bel	half of an entity:		
Erik Treutlein			
Ŧy	yped or Frinted 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)