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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

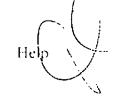
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email A	Address:		

REGISTERED AGENT CHANGE BUTTE, INC.

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$43,75

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

1. The name of	the corporation: Butte, Inc.	stered agent, or both, in the State of Florida.			
2. The principal	office address: 110 ST.EUSTACIUS L/	ANE, BAREFOOT BEACH, FL 34134			
3. The mailing a	address (if different):				
4. Date of incorp		Document number: P15000026645			
	d street address of the current registered rtment of State: (If resigned, enter resign	l agent and registered office on file with the ned)			
	KERRIGAN, PATRICK J				
	110 ST.EUSTACIUS LANE		21		
	BAREFOOT BEACH, FL 34134		2022 DEC		
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	F		
	C T Corporation System		至		
	1200 South Pine Island Road				
	P.O. E Plantation, Florida 33324	Box NOT acceptable	7		
The street address changed will	ess of its registered office and the stree	et address of the business office of its register	ed agent		
		ted by its board of directors or by an officer so notified in writing of the change.			
Jours	Lemon	Joseph J Kerrigan, President			
I hereby accept I further agree of my duties, a document is be- corporation ha C T Corporation	t the appointment as registered agent of to comply with the provisions of all su not I ani familiar with and accept the of ing filed merely to reflect a change in is been notified in writing of this chang	and agree to act in this capacity, atutes relative to the proper and complete per bligation of my position as registered agent. The registered office address, I hereby confirm	formana Or, if thi n that th		
·	gnature of Registered Agent	Date			
It circuing on he	chalf of an entity:				
ii zigamg on oc					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Bon 6327, Tallahassee, FL 32314 Cr2e045 (04/13)

By: