

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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Email Address:

REGISTERED AGENT CHANGE TBN HOLDINGS, INC.

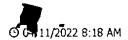
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Electronic Filing Menu

Corporate Filing Menu

Help

g 4/12/2022



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

| • | 2 | 17.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of Flo | |
|--|---|--|---|
| | | registered agent, or both, in the State of Flor | |
| 1. The name of t | he corporation: TBN HOLDINGS. | INC. | <u>. </u> |
| 2. The principal | office address: 2963 44th AVENU | E N. ST. PETERSBURG, FL 33714 | |
| 3. The mailing a | ddress (if different): 1880 ASHLA | AND CITY ROAD, CLARKSVILLE, TN 3704 | 13 |
| 4. Date of incorp | oration/qualification: 04/29/2015 | Document number: P150000386 | 563 |
| | street address of the current regist tment of State: (If resigned, enter r | tered agent and registered office on file with resigned) | the |
| | HUNTER BUSINESS LAW | | |
| | 119 S. DAKOTA AVENUE | | 2022 SEU TA |
| | TAMPA, FL 33606 | | 2022 APR 11 SECKED AND TALLED AND |
| 6. The name and (if changed): | street address of the new registere | ed agent (if changed) and /or registered office | SEC 🛖 🖟 |
| | Corporate Creations Network Inc. | | I 7:5 |
| | 801 US Highway 1 | | Ē 35 |
| | | P.O. Box NOT acceptable | |
| | North Palm Beach, FL 33408 | - | |
| The street addre | ss of its registered office and the be identical. | street address of the business office of its re | egistered agent, |
| Such change wa authorized by th | is authorized by resolution duly a board, or the corporation has be | dopted by its board of directors or by an of een notified in writing of the change. | ficer so |
| Caitle | in Lazarus | Caitlin Lazarus, Attorney-in-Fact | |
| _ | e of an olliger or director | Printed or typed name and title | |
| l further agrée i of my duties, an document is bei | o comply with the provisions of a d I am familiar with and accept t | ent and agree to act in this capacity. Il statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address. I hereby o hange. | ete performance igent. Or, if this confirm that the |
| Caille | n Lazarus wure of Registered Agent | 04/11/2022 | |
| Sign | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Caitlin Lazarus, ! | Special Secetary | | |
| T | ped or Printed Name | | |

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