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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 : (813)436-5206

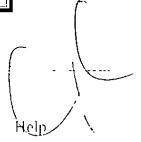
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## REGISTERED AGENT CHANGE SALAZAR CONNECT, INC.

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Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	9502, 607,1508, or 617,1508, Florida Statutes, th ganized under the laws of the State of <mark>Flotida</mark> gistered agent, or both, in the State of Florida.	is
	he corporation: SALAZAR CONNECT.		
	office address: 11555 Heron Bay Blvd S		
Coral Springs Fl.	33076		<del></del>
3. The mailing a	ddress (if different): 1001 Bishop St. S	TE 2685A Honolulu HI 96813	
		Document number: P15000048963	
	I street address of the current registere timent of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)	
	SALAZAR, EDUARDO A		
	11555 HERON BAY BLVD SUITE 200		
	CORAL SPRINGS, FL 33076		20
5. The name and (if changed):	CORAL SPRINGS, FL 33076  I street address of the new registered agent (if changed) and /or registered office - OCT		
	Registered Agents Inc		۽ ف
	7901 4th St N STE 300		至
	P.O. St. Petersburg FL 33702	Box NOT acceptable	7-9 AM 9: 24
The street addre	ss of its registered office and the stre	eet address of the business office of its registere	d agent,
		nted by its hoard of directors or by an officer so notified in writing of the change.	
Edersta Signatur	do-Salangas.	Eduardo Salazar -President Printed or typed name and title	
further agree t of my duties, an locument is bei	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the c ny filed merely to reflect a change in been notified in writing of this chan	tatutes relative to the proper and complete perf obligation of my position as registered agent. (C ) the registered office address, I hereby confirm	ormance Or, if this that the
Displace		10/09/2023	
Sign	nature of Registered Agent	Date	
f signing on be	half of an entity:		
David Roberts			
Ty	ped or Printed Name		

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