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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 : (855)330-1010

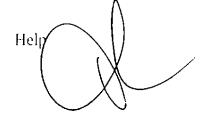
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE ASPIRE PRO INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corpo	1502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this oration organized under the laws of the State of Florida	v
		fice or registered agent, or both, in the State of Florida.	
	the corporation: ASPIRE		
2. The principal	office address: 7901 4th	St N STE 300, St. Petersburg, FL 33702	
3. The mailing a	address (if different): 7901	4th St N STE 300, St. Petersburg, FL 33702	*
4. Date of incor	poration/qualification: 07/2	13/2015 Document number: P15000060204	
	d street address of the currer rtment of State: (If resigned,	nt registered agent and registered office on file with the enter resigned)	
	CADET, JOYANNE		ب-
	5075 NW 36TH ST		• =
	LAUDERDALE LAKE	S, FL 33311	ن ر
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered office	•
	Registered Agents In-	C	ري ن ن
	7901 4th St N STE 36	00	
		P.O. Boy NOT acceptable	
	St. Petersburg, FL 33		
The street address changed will	ess of its registered office a be identical.	nd the street address of the business office of its registered	l agent.
Such change wauthorized by (	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
- Joya	nne Cadet	Joyanne Cadet - President	
l further agrée of my duties, ar docúment is bei	the appointment as registe to comply with the provision ad I am familiar with and a sing filed merely to reflect a s been notified in writing of	red agent and agree to act in this capacity, ons of all statutes relative to the proper and complete perfo ecept the obligation of my position as registered agent. Of change in the registered office address, I hereby confirm t this change.	rmance r. if this hát the
David X	Dinerts	04/20/2023	
Sij	mattre of Registered Agent	Date	
If signing on be	chalf of an entity:		
David Robe			
1	'yped or Printed Name		
	* * *	FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)