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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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 CHARLIE BEARS NORTH AMERICA INC. Certificate of Status Certified Copy

0 0 Page Count 01 Estimated Charge \$35.00 တ

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

•	•	02, 607,1508, or 617,1508, Florida Stat unized under the laws of the State of <u>Flo</u>		his	
		stered agent, or both, in the State of Flor			
1. The name of t	he corporation: Charlie Bears North Am	erica Inc.			
2. The principal	office address: Unit 2 Milford Park, Pip	ers Close, Pennygillam Industrial Estate,			
	wall, PL15-7PJ, UK				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 04/06/2016	Document number; P160000307	93		
	I street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with ned)	the		
	resigned			20	
		<u>:</u>	•	20 抵款	1
			: :	_	
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	94 is 48	
	GY Corporate Services, Inc,); '' (יס	
	777 S Flagler Dr, Ste 500E				
		ox NOT acceptable			
	West Palm Beach, FL 33401				
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of its re	egistere	ed age	ent,
Such change was authorized by th	as authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an off louified in writing of the change.	licer so)	
/s/ William	Morris	William Morris, President			
•	e of an officer or director	Printed or typed name and title			_
l Jurther agree i of my duties, an document is bei	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ol ng filed merely to reflect a change in t been notified in writing of this chang	itutes relative to the proper and compl pligation of my position as registered a the registered office address, I hereby o	ete perg gent. (confirm	forma Or, if 1 that	ance thi. the
/s/ Joy Fledelius		03/11/2020			
Sig	nature of Registered Agent	Date			_
If signing on be	half of an entity:				
Joy Fledelius					
T	yped or Printed Name				
	* * * FILING F	EE: \$35.00 * * *			

- - - FILING PEE: \$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)