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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 **B&A COLLECTIBLES INC.**

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 statement of change is submitted for a corporation organized under in order to change its registered office or registered agent,	the laws of the State of Florida
1. The name of the corporation: B&A COLLECTIBLES INC.	
2. The principal office address: 7901 4th St N STE 300 St. Petersburg FL 33702	
3. The mailing address (if different): 7901 4th St N STE 300 S	it. Petersburg FL 33702
4. Date of incorporation/qualification: 09/15/16 Docu	
5. The name and street address of the current registered agent and rep Florida Department of State: (If resigned, enter resigned)	gistered office on file with the
Austin, Matthew Steven, Sr.	
741 MEDINA AVE.	
ST. AUGUSTINE, FL 32086	
6. The name and street address of the new registered agent (if change (if changed):	ed) and /or registered office
Registered Agents Inc	
7901 4th St N STE 300	
P.O. Box NOT acceptab St. Petersburg FL 33702	sile C
The street address of its registered office and the street address of as changed will be identical.	the business office of its registered agent.
Such change was authorized by resolution duly adopted by its boar authorized by the board, or the corporation has been notified in wr	rd of directors or by an officer so iting of the change.
Matthew Chustin M Signature of an officer or director	ATTHEW AUSTIN - CEO Printed or typed name and title
l hereby accept the appointment as registered agent and agree to a l further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of n document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	ict in this capacity. e to the proper and complete performance iy position as registered agent. Or, if this t office address, I hereby confirm that the
David Royaco	04/17/2023
Signature of Registered Agent	Date
If signing on behalf of an entity:	
David Roberts Typed or Printed Name	
* * * FILING FEE: \$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)