

| (Red                                    | uestor's Name) |             |  |  |
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| (Add                                    | dress)         |             |  |  |
| (Add                                    | dress)         |             |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |
| PICK-UP                                 | MAIT WAIT      | MAIL        |  |  |
| (Business Entity Name)                  |                |             |  |  |
| (Document Number)                       |                |             |  |  |
| Certified Copies                        | Certificates   | s of Status |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
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Office Use Only



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## **COVER LETTER**

| TO:                         | Amendment Section Division of Corporations                  |   |  |  |
|-----------------------------|---|---|--|--|
| SUBJ                        | BJECT: SQUADTEAM, INC Name of Corporati                     | OD.   |  |  |
|                             | Name of Corporati   | (M)   |  |  |
| DOC                         | CUMENT NUMBER: P17000009647                                 | <del></del>   |  |  |
| The e                       | enclosed Statement of Change of Registered Office/Agent     | and fee are submitted for filing.                     |  |  |
| Please                      | ise return all correspondence concerning this matter to the | following:  |  |  |
|                             | LEVAN GUGUNISHVI  |   |  |  |
|                             | Name of Contact Per   | rson  |  |  |
|                             | SQUADTEAM, INC  |   |  |  |
| Firm/Company                |   |   |  |  |
| 1010 PENSSYLVANIA AVE APT 9 |   |   |  |  |
|                             | Address   |   |  |  |
|                             | MIAMI, FL 33139   |   |  |  |
|                             | City/State and Zip Code                                     |   |  |  |
|                             | LEVAN.GUGUNISHVILI@GMA                                      | AIL.COM   |  |  |
|                             | E-mail address: (to be used for future ar                   |   |  |  |
|                             |   |   |  |  |
| For fi                      | further information concerning this matter, please call:    |   |  |  |
|                             | LEVAN GUGUNISHVILI at (                                     | 786 ) 602-8740  |  |  |
|                             | Name of Contact Person A                                    | 786 ) 602-8740<br>rea Code & Daytime Telephone Number |  |  |
| Enclo                       | losed is a \$35.00 check made payable to the Department of  | State.  |  |  |
|                             | Mailing Address: Amendment Section                          | Street Address: Amendment Section                     |  |  |
|                             | Division of Corporations                                    | Division of Corporations                              |  |  |
|                             | P.O. Box 6327   | Clifton Building                                      |  |  |
|                             | Tallahassee, FL 32314                                       | 2661 Executive Center Circle                          |  |  |
|                             |   | Tallahacsee El 32301                                  |  |  |

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

| Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation of in order to change its registered office or re   | rganized under the laws of the Sta   | nte of                     |
|--|--|----------------------------|
| 1. The name of the corporation: SQUADTEAM, INC   | -  |                            |
| 2. The principal office address: 1010 PENSSYLVANIA A   | VE APT 9, MIAMI, FL 33139  |                            |
| 3. The mailing address (if different):   |  |                            |
| 4. Date of incorporation/qualification: 01/27/2  | 017 Document number: P   | 217000009647               |
| 5. The name and street address of the current register Florida Department of State: (If resigned, enter res  |  | file with the              |
| LEGALCORP S  | SOLUTIONS, LLC   |                            |
| 3440 W HOLLYWOO  | OD BLVD. SUITE 415   |                            |
| HOLLYWOO   | DD, FL 33021   | <del></del>                |
| 6. The name and street address of the new registered (if changed):  LEVAN GUE  | agent (if changed) and /or register  | red office                 |
| 1010 PENSSYLV  | VANIA AVE APT 9  | 7 E                        |
|  | NOT acceptable<br>FL 33139   |                            |
| The street address of its registered office and the stras changed will be identical.   |  | e of its registered agent. |
| Such change was authorized by resolution duly ado authorized by the board, or the corporation has been   | pted by its board of directors or be notified in writing of the change   | oy an officer so<br>e.     |
|  | LEVAN GUGUNISHV  |                            |
| Signature of the inficer or director  I hereby accept the appointment as registered agen. I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifically. | Printed or typed name<br>it and agree to act in this capacity<br>statutes relative to the proper and<br>accept the obligation of my po<br>reflect a change in the registered<br>ied in writing of this change. | v                          |
| 1/1/2/   | JANUARY 8, 201   | 8                          |
| Significate of Registered Agent  If signing on behalf of an entity:  | Date   |                            |
| Typed of Printed Name  |  |                            |

\* \* \* FFEING FEE: \$35.00 \* \* \*