7/27/2023 12 J3:47 PQT 7/27/23, 4:01 PM

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Division of Corporations **Electronic Filing Cover Sheet** 

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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

\*\*Enter the email address for this business entity to be used for future  $^{`..}_{\wp}$ annual report mailings. Enter only one email address please.\*\*

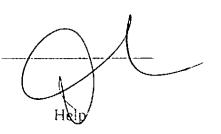
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## REGISTERED AGENT CHANGE WENDY SUE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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Corporate Filing Menu



1/1

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

To: 18506176380

statement of cha	nge is submitted for a corpore	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this atton organized under the laws of the State of Florida
	* * *	we or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: WENDY SUE	INC.
2. The principal	office address:	
3. The mailing a	ddress (if different):	
<ol> <li>Date of incorp</li> </ol>	poration/qualification: 03/14/1	7 Document number: P17000023697
	street address of the current it tment of State: (If resigned, e	registered agent and registered office on file with the inter resigned)
	ERICKSON, STEVEN	
	6200 W JACKSON ST	
	PENSACOLA, FL 32506	~
6. The name and street address of the new registered agent (if changed):		istered agent (if changed) and /or registered office
	Northwest Registered Agent LL	.c
	7901 4th St N STE 300	.:
	St. Petersburg FL 33702	P.O. Box NOT acceptable
The street addre	ss of its registered office and be identical.	the street address of the business office of its registered agent.
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	ily adopted by its board of directors or by an officer so as been notified in writing of the change.
	Gajaronavo	Wendy Suermann - Director
I hereby accept I further agree t of my duties, and document is bei	e of an officer of director the appointment as registere o comply with the provisions d I am familiar with and acc ng filed merely to reflect a ch been notified in writing of th	Printed or typed name and title  d agent and agree to act in this capacity. of all statutes relative to the proper and complete performanc ept the obligation of my position as registered agent. Or, if this lange in the registered office address, I hereby confirm that the his change.
FN-		07/27/2023
Sigr	nature of Registered Agent	Date
If signing on bel	nalf of an entity:	
Taylor Newman		
Ту	ped or Printed Name	W DIC 1992 635 00 5 5 5