Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000271495 3)))

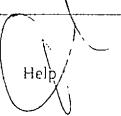


H230002714953ABC0

To:				
	Division of Co	orporations		
	Fax Number	: (850)617-63	80	
From:				
	Account Name	: REGISTERED	AGENTS INC.	
	Account Number	r : 12009000008	1	
	Phone	: (307)200-28	03	
	Fax Number	: (813)436-52	06	
			s entity to be used be email address pl	
annual	report mailings	. Enter only or	•	
annual		. Enter only or	e email address pl	
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annual	report mailings Address: REGIST DISTRIBUTE Certificate of St	. Enter only or FERED AGENT ED WEBSITE (T CHANGE CORPORATION	

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	nge is submitted for a corporat	2, 617,0502, 607,1508, or 617,1508, Florida Statutes tion organized under the laws of the State of <mark>Florida</mark>	.
		e or registered agent, or both, in the State of Florida.	
	the corporation: Distributed Web		
2. The principal	office address: 2407 HUNTING	TON BLVD. SAFETY HARBOR, FL 34695	
3. The mailing a	iddress (if different):		
4. Date of incoη	poration/qualification: 07/21/20	Document number: P17000062251	
	I street address of the current re timent of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	KEVITT, MARK		
	2407 HUNTINGTON BLVD.		
	SAFETY HARBOR, FL 34695		
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered office	-
	Registered Agents Inc		
	7901 4th St N STE 300		
		P.O. Box NOT acceptable	
	St. Petersburg FL 33702		•
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its regist	ered agent,
		ly adopted by its board of directors or by an officer is been notified in writing of the change.	
Robert 3	*100.47	Robin Jones Printed or typed name and title	
Signatu	re of an officer or director	Printed or Typed name and title	***************************************
l further agree i of my duties, an	to comply with the provisions of I am familiar with and access	l agent and agree to act in this capacity, of all statutes relative to the proper and complete ppt the obligation of my position as registered agent ange in the registered office address, I hereby confischange.	erformance . Or. if this
Dividi Adens		08/04/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
Į.	sped or Printed Name	<u> </u>	

* * * FILING FEE: \$35.00 * * *