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> Florida Department of State Division of Corperations Electronic Filine Cover Sheet

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Division of Corporations

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Division of Corporations Fax Number : (850)617-6380 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.	To:			
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REGISTERED AGENT CHANGE

SAFEGUARD INDUSTRIES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

- 1. The name of the corporation is: SAFEGUARD INDUSTRIES INC.
- 2. The principal office address: 6335 N Hollywood Blvd, Suite 140 LAS VEGAS NV 89115
- 3. The mailing address (if different): <u>6335 N Hollywood Blvd, Suite 140</u> LAS VEGAS NV 89115
- 4. Date of incorporation/qualification: 11/15/2017 Document Number: P17000091909
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH, SUITE 300 ST.PETERSBURG, FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Creations Network Inc.

801 US Highway 1 (P.O. Box Not acceptable)

North Palm Beach FL 33408

The street address of its registered office and the street address of the business office of its registerec agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by $\frac{an}{d}$ officer sc authorized by the board, or the corporation has been notified in writing of the change $\frac{1}{d}$

While the	Nicholas Nichols, Attorney-in-Fact	Ĵ į
(Signature of an officer or director)	(Printed or Typed name and title)	

I hereby accept the appointment as registered agent and agree to act in this capacity $\mathbb{R} = \frac{1}{2}$. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Yes the

(Signature of Registered Agent)

8/17/2022 (Date)

If signing on behalf of an entity:

Nicholas Nichols, Special Secretary (Typed or Printed Name)

> MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Computershare Governance Services Inc. 801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107