## 718000006346

	Requestor's Name)	
	Áddress)	
(	Address)	
	City/State/Zip/Phone #)	_
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	Document Number)	
Certified Copies	_ Certificates of S	tatus
Special Instructions to I	Filing Officer:	

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200416138352

2023 SEP 21 PH 12: 52

2023 SEP 21 PM 2: 49

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 01181-7 8114833					
AUTHORIZATION: Similar Penals					
COST LIMIT : \$ 35.00					
ORDER DATE : September 21, 2023					
ORDER TIME : 2:40 PM					
ORDER NO. : 011817-005					
CUSTOMER NO: 8114833					
CHANGE OF AGENT					
NAME: NORTH BOUNDARY CORPORATION .					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY					
XX PLAIN STAMPED COPY					

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation or r to change its registered office or re	ganized under the laws of th	e State of <u>F</u>	LORIDA		-
	he corporation: NORTH BOUNDARY		,			
	office address: 5003 S MIAMI BLVD		7703			<del></del>
3. The mailing a	ddress (if different):					<del>-</del>
4. Date of incorp	oration/qualification: 01/17/2018	Document number	r: P1800000	06346		
	street address of the current registere tment of State: (If resigned, enter res		e on file with	n the		
	KUGEL, VINCENT					
	6114 OXBOW BEND LN PORT ORANGE, FL 32128					
6. The name and (if changed):	street address of the new registered.  Corporation Service Company	agent (if changed) and /or re	gistered offic	SS	21 PM 12:	
	1201 Hays Street			DA A	52	
		Box NOT acceptable	····			
	Tallahassee	FL 3230	)1			
	ss of its registered office and the str be identical.					ıt.
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has beer	pted by its board of director i notified in writing of the c	rs or by an o hange.	fficer so		
A	1 State	Andrew J Peters, Chi	ef Financial	Officer		
Signatur	e of or Officer or director	Printed or typ	ed name and title			-
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent to comply with the provisions of all the dI am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this chain Saryige Company	statutes relative to the prop obligation of my position a n the registered office addro	er and comp s revistered	agent. (	)r. if 11	ns
By: Troic		9/21/2023				
Sign	Asst. Vice President	1)	ate			-
If signing on bel	nalf of an entity:					
Ту	ped or Printed Name					

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