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(((H22000315216 3)))



H220003152163ABCW

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 Fax Number : (718)732-4580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

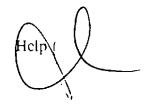
Email Address:

REGISTERED AGENT CHANGE FAIRCOAST USA INC.

Certificate of Status	0
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Fax Reference: H22000315216.3

To:

COVER LETTER

City/State and Zip Code

TO: Amendment Section Division of Corporations

SUBJECT: FAIRCOAST USA INC.
Name of Corporation

DOCUMENT NUMBER: P18000012391

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Contact Person
FILE RIGHT LLC

Firm/Company
5314 16TH AVENUE, SUITE 139

Address
BROOKLYN, NY 11204

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA RINGEL at (718) 878-5811

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

MailingAddress: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Fax Reference: H22000315216 3

Fax Reference: H22000315216 3

To:

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

statement of cha	nge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Stati ution organized under the laws of the State of <u>FLC</u> we or registered agent, or both, in the State of Flor	ORIDA	
1. The name of t	he corporation: FAIRCOAST	USA INC.		
2. The principal	office address: 10 GRANDVII	EW DRIVE, LAKEWOOD, NJ 08701		
	<u> </u>			
		018 Document number: P180000123		
	street address of the current r tment of State: (If resigned, en	registered agent and registered office on file with interresigned)	the	
٠	REGISTERED AGENTS INC	2	20	
	7901 4TH ST. N STE 300		122 SI	
	ST. PETERSBURG, FL 3370	2	2022 SEP 12	
6. The name and (ifchanged):	street address of the new regi	istered agent (if changed) and /or registered office	co"	
	BUSINESS FILINGS INCOR	PORATED	: 16	
	1200 SOUTH PINE ISLAND	ROAD		
		P.O. Box NOT acceptable		
	PLANTATION, FLORIDA 33	324		
The street addre as changed will	ss of its registered office and be identical.	the street address of the business office of its re	egistered agent.	
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	ly adopted by its board of directors or by an off as been notified in writing of the change.	icer so	
/s/ Jacques Wo		JACQUES WOLF, Director		
I hereby accept I further agree t of my duties, an document is bei	o comply with the provisions	Printed or typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and comple ept the obligation of my position as registered a hange in the registered office address. I hereby coils change.	ete performance gent. Or, if this confirm that the	
/s/ Brenna Lutt	··	09/12/2022		
_	nature of Registered Agent	Date		
If signing on be	half of an entity:			
BRENNA LUTT				
Iy	ped or Printed Name *** F	ILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, F1, 32314

Fax Reference: H22000315216 3

CR2E045 (04/13)