**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.

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|       | Doing so will generate another cover sheet.  | ont this page. 287 |
|-------|--|--------------------|
| То:   | Division of Corporations<br>Fax Number : (850)617-6380   | UH 23 111          |
| From: | Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 |                    |

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

| Address: |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|
|          |          |          |          |          |          |          |          |
|          |          |          |          |          |          |          |          |
|          | Address: |

## REGISTERED AGENT CHANGE STAT PORTALS, INC

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

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JUN 24 7021

! ALBRITTON

2021 JUN 23 AN 10: 4

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

| statement of ch                   | ange is submitted for a corpora                                     | $2$ , 617.0502, 607.1508, or 617.1508, Florida $2$ ation organized under the laws of the State of $\frac{1}{2}$ e or registered agent, or both, in the State of $\frac{1}{2}$  | Floreta             |
|-----------------------------------|---|--|---------------------|
| 1. The name of                    | the corporation: STAT PORTA   | LS, INC  |                     |
|                                   | l office address: 7901 4th St N                                     |  |                     |
| St. Petersbu                      |   |  |                     |
| 3. The mailing                    | address (if different): 5077 Fruit                                  | ville Rd UNIT 109 #182   |                     |
| Sarasota F                        |   |  |                     |
| 4. Date of incor                  | poration/qualification: 05/21/2                                     | Document number: P180000   | )46545              |
|                                   | d street address of the current rartment of State; (If resigned, er | egistered agent and registered office on file winter resigned)   | ith the             |
|                                   | RICE, JEREMY  |  |                     |
|                                   | 5077 Fruitville Rd UNIT   | 109 #182   | 202                 |
|                                   | SARASOTA, FL 34232  |  |                     |
| 6. The name an (if changed):      | —   | stered agent (if changed) and for registered of  | 2021 JUN 23 PH 1:2  |
|                                   | Northwest Registere   | d Agent LLC  |                     |
|                                   | 7901 4th St N STE 300   |  | 27                  |
|                                   |   | P.O. Box NOT acceptable  |                     |
|                                   | St. Petersburg FL 33  | 3702   |                     |
| The street addr<br>as changed wil | ress of its registered office and<br>I be identical.                | the street address of the business office of its   | s registered agent, |
| Such change w authorized by t     | as authorized by resolution du<br>he board, or the corporation ha   | ly adopted by its board of directors or by an eas been notified in writing of the change.  | officer so          |
| <u>Richa</u>                      | and Wilbert<br>ure of an officer of director                        | Richard Wilbert, President Printed or typed name and titl  | le                  |
| I further agree<br>performance o  | to comply with the provisions<br>f my duties, and I am familiar:    | d agent and agree to act in this capacity. of all statutes relative to the proper and com with and accept the obligation of my position rely to reflect a change in the registered offic a notified in writing of this change. | i as registered     |
| lon                               | Glove   | 6/23/21  |                     |
| Sig                               | gnature of Registered Agent   | Date   |                     |
| If signing on bo                  | ehalf of an entity:   |  |                     |
| Tom Glove                         |   | <del></del>  |                     |
| ٦                                 | Fyped or Printed Name   |  |                     |

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

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