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(Requesto	r's Name)
(Address)	
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	WAIT 🗍 MAIL
(Business	Entity Name)
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Certified Copies (Certificates of Status
Special Instructions to Filing (Officer:
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SECRETARY TALLAHA	2022 HAR - 7	
OF STATE SSEE, FL	PM 1:50	T

Office Use Only



TO: Amendment Section Division of Corporations

SUBJECT:	ERICA	Home	Olcor	Orp
Name of Corp	oration			
DOCUMENT			07744	

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:

Erica Sincles

Name of Contact Person

Firm/Company <u>30995</u> DixiE HWY Ap105 Address <u>FL - 32405 - West Palm</u> BeAch City/State and Zip Code <u>ERICA SANCHEZO3() GMAU</u>, <u>om</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

7866783058 Epica Smelles at (Area Code & Daytime Telephone Number

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

Mailing Address: 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)

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

1. The name of the corporation: <u>Brica</u> for decore Cor 2. The principal office address: <u>3099 - 5 dexie Hwy</u> Apt 10: West Palm Beach - 33405 - FL	P	_
3. The mailing address (if different):	+74	45
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) <u>America</u> <u>Expert</u> <u>UMC</u> <u>409 NW</u> <u>10+H</u> <u>TEREACE</u> <u>Hallauda le</u> <u>Beach</u> <u>FL</u> <u>3309</u> 6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office	2022 MAR - 7 PM 1: 50	

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the heart in the corporation has been notified in writing of the change.

ERICA SANCHES 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. 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 nonfied in writing of this change.

Date

Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314