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Division of Corporations

Fax Number : (850)617-6380

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 for the die annual report mailings. Enter only one email address please.

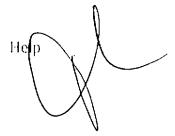
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## REGISTERED AGENT CHANGE BRIGHT CROWN ENTERPRISE, INC.

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

statement of che	, unge is submitted for a corporation	17,0502, 607,1508, or 617,1598, Florida Statutes, this in organized under the laws of the State of Florida in registered agent, or both, in the State of Florida.	· minte salambandosa
1. The name of	the corporation: BRIGHT CRO	OWN ENTERPRISE, INC.	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: <u>12/11/20</u>	18 Document number: P18000100347	······
	d street address of the current regis rtment of State: (H resigned, enter	stered agent and registered office on file with the resigned)	
	MEJIA, OSCAR		
	4300 S JOG RD UNIT 540	0003	
	GREENACRES, FL 33454		<u></u>
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and for registered office	2- 14W teur
	Registered Agents Inc	—————————————————————————————————————	ယ်
	7901 4th St N STE 300	SSET	呈
		PO. Box NOT acceptable	9 -
	St. Petersburg, FL 33702		•
_		street address of the business office of its registered ag	gent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
Osca	r Mejia	Oscar Mejia - CEO	
l further agree i of my duties, an document is bei	the appointment as registered ag to comply with the provisions of & d I am familiar with and accept t ng filed merely to reflect a chang s been notified in writing of this &	ent and agree to act in this capacity. Ill statutes relative to the proper and complete perform he obligation of my position as registered agent. Or, i e in the registered office address, I hereby confirm tha	iance f this t the
] )avid X	boerts	05/02/2023	
$\vee$	natine of Registered Agent	Date	
If signing on be	half of an entity:		
David Robe		-	
T	sped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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