(((H24000030519 3)))



H240000305193ABCY

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

9

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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 CEOHR 2, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

•	•	.0502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of Flo	
	•	gistered agent, or both, in the State of Flo	
1. The name of t	he corporation: CEOHR 2, INC.		
2. The principal	office address: 5104 N Lockwood Ric	lge Road, Suite 201, Sarasota, FL 34234	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 04/03/2019	Document number: P190000302	!63
	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with igned)	the
	CEOHR, INC.		2
	5104 N Lockwood Ridge Road, Suite	201	2024 JAN 23
	Sarasota, FL 34234		AN 2
6. The name and (if changed):	street address of the new registered	•*	
	Corporate Creations Network Inc.		# 39
	801 US Highway 1		_
	North Palm Beach, FL 33408). Box NOT acceptable	
The street addre	ss of its registered office and the str be identical.	reet address of the business office of its r	egistered agent,
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has beer	pted by its board of directors or by an of a notified in writing of the change.	ficer so
	\$\$7	Saray Djidji, Attorney in Fact	
l hereby accept I further agree t of my duties, and document is bei	the appointment as registered agent the appointment as registered agent o comply with the provisions of all t I am familiar with and accept the ng filed merely to reflect a change it been notified in writing of this char	Printed or typed name and title t and agree to act in this capacity, statutes relative to the proper and complobligation of my position as registered and the registered office address. I hereby age.	ete performance igent. Or, if this confirm that the
	**	01/23/2024	
Sigr	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Saray Djidji, Spec			
Ту	ped or Printed Name	FFF. 625 00 * * *	

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