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To:

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 future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE STRATOMS, INC.

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Help

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

Pursuant to the provisions of sections 607.0502, 617.6 statement of change is submitted for a corporation org in order to change its registered office or reg	ganized under the laws of the State of Florida	
1. The name of the corporation: <u>STRATOMS</u> , INC	<u> </u>	
2. The principal office address:		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 05/06/2019	Document number: P1900003992	1
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)		
ANDERSON, KEITH		
1825 NW Corporate Blvd suite	2 110	2027
Boca Raton, FL 33431		•
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed);		ر د د
Registered Agents Inc		::: NO: 0.1
7901 4th St N STE 300		1.0
	Box NOT acceptable	
St. Petersburg, FL 33702		
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its register	ed agent.
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	ited by its board of directors or by an officer so notified in writing of the change.	O
Keith Anderson Signature of an officer or director	Keith Anderson - President Printed or typed name and little	
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all st of my duties, and I am familiar with and accept the a document is being filed merely to reflect a change in corporation has been notified in writing of this chan	tatutes relative to the proper and complete peobligation of my position as registered agent. The registered office address, I hereby confirm	rformanc Or, if thi n thát the
Signature of Registered Agent	04/05/2023 Date	
If signing on behalf of an entity:		
David Roberts		
Typed or Printed Name		
* * * FILING	FEE: \$35.00 * * *	