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	ë	1	Division of Co.	rporations		
	¥	(72)	Fax Number	: (850)617-6380		
	~	From:				
	1		Account Name	: REGISTERED AGENTS INC.	25	
	\	I medi	Account Number	: I20090000081	2021	
	1	-1-1	Phone	: (307)200-2803		
	2021 MAY		Fax Number	: (855)330-1010	_<	\neg
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	**	ntau tha a			~-·i	\Box
	775			this business entity to be used for future Enter only one email address please.**	PH	Ö
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REGISTERED AGENT CHANGE WORLD METALS & MINERALS CORPORATION

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Corporate Filing Menu

Help

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

statement of change is submitted	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida.	٠;
	VORLD METALS & MINERALS CORPORATION	
	901 4th St N, STE 300, St. Petersburg, FL 33702	
3. The mailing address (if differe	nt): 21 NW FIRST AVENUE, UNIT 1562, DANIA, FL 33004	
4. Date of incorporation/qualifica	ation: 06/07/19 Document number: P19000048759	
5. The name and street address of Florida Department of State: (I	f the current registered agent and registered office on file with the If resigned, enter resigned)	F11-F
WORLD CAPIT	AL CORPORATION	豊丁
21 NW FIRS		111
DANIA, FL 3300	04	¥ 0
6. The name and street address of (if changed):	f the new registered agent (if changed) and /or registered office	
Registered	Agents Inc.	
7901 4th St N	N STE 300	
St Deterch	P.O. Box NOT acceptable Jurg FL 33702	
The street address of its register as changed will be identical.	ed office and the street address of the business office of its registered a	agent,
Such change was authorized by authorized by the board, or the c	resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	
ERIC RAM	ERIC RAM, CH & P	
I further agree to comply with the performance of my duties, and I agent. Or, if this document is be	etor Printed or typed name and title as registered agent and agree to act in this capacity. the provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as registere eing filed merely to reflect a change in the registered office address, I tion has been notified in writing of this change.	ed
Bel Have	05/07/2021	
Signature of Registered A	•	
If signing on behalf of an entity:		
Bill Havre 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 CR2E045 (03/12)