To: 18506176380 From: 14693173436 Date: 01/27/20 Time: 3:19 PM Page: 01/02



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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(((H20000030894 3)))

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

sunement (If C)	te provisions of sections 607.0502, 617.0502, 607 hange is submitted for a corporation organized w der to change its registered office or registered a	nder the laws of the Store of Flori	ida
	of the corporation: Bryte Bridge Inc.	your an area character by I have	aca,
	al office address. 2151 Consulate Drive Suite 13		
3. The mailing	address (if different):		
	exporation/qualification: 07/30/2019	Document number: P19000058623	<u> </u>
5. The name ar	nd street address of the current registered agent an artment of State: (If resigned, enter resigned)		
	BUSINESS FILINGS INCORPORATED		2020 SEC
	1200 SOUTH PINE ISLAND ROAD		ECRETARY
	PLANTATION, FL 33324		28 (A)
6. The name an (if changed):	nd street address of the new registered agent (if cha	anged) and /or registered office	AH 9:5
	LEGALING CORPORATE SERVICES INC.		# 5
	5237 SUMMERLIN COMMONS BLVD, SUITE	490	
	P.O. Box NOT aco FORT MYERS, FL 33907	quahic	
The street address changed will	ess of its registered office and the street address	of the business office of its regis	stered agent
	as authorized by resolution duly adopted by its the board, or the corporation has been notified in		
Sign	re of an officer or director	BRIAN Davis	
l hereby accept I further agree t of my duties, and document is ben corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes relaid I am familiar with and accept the obligation of the familiar with and accept the obligation of the familiar with the fact a change in the registed been notified in writing of this change.	to act in this capacity, tive to the proper and complete p if my position as registered agen red office address, I hereby conf	performance t. Or, if this irm that the
)(i	COLUMN 1/14/20		
Tsigning on bel	half of an entity:	Date	
	behalf of Legaline Corporate Services Inc.		
·	ped or Printed Name	(((H20000	0030894 3))

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