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LLAHASSEE TO SELLAHASSEE

A. BUTLER MAY 2 0 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE: 692352 8281792

AUTHORIZATION : Symbolic Man

COST LIMIT : '\$' 3'5'.00

ORDER DATE: May 18, 2022

ORDER TIME : 7:59 AM

ORDER NO. : 692352-014

CUSTOMER NO: 8281792

CHANGE OF AGENT

NAME: CODELITT MANAGEMENT, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of cha	provisions of sections 607,050 nge is submitted for a corpora r to change its registered offic	ation organized u	nder the laws of	the State of Fl	orida	
1. The name of t	he corporation: CODELIT	T MANAGEME	NT, INC			
2. The principal	office address: 370 NE 1	58TH ST MIAN	41 FL 33162			
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 07/18	/2019	Document numb	er: P190000589	936	
	street address of the current r tment of State: (If resigned, er	~ ~	nd registered off	ice on file with t	he	
	LITTLEWOOD, CODY	/ W				
	370 NE 158TH ST					
	MIAMI		Fl.	ے 13162 میں 33162	202	
6. The name and (if changed):	street address of the new regi	istered agent (if c		产 知	9	9
	Corporation Service Com	pany		in ⊂ m ¬	PR	، ر —
	1201 Hays Street	DOD MOT		رس. <u>در — — </u>	-:-	
	Tallahassee	P.O Box NOT a		22201	က် က	
The street addre	ss of its registered office and	I the street addres	FL ss of the busines	32301 s office of its re	gistered a	gent.
Such change wa authorized by th	is authorized by resolution du be board, or the corporation h	aly adopted by its as been notified	s board of direct in writing of the	ors or by an offi change.	cer so	
Signatur	e of an officer or director			ood. President		
I further agree to of my duties, and document is bei	the appointment as registere, o comply with the provisions d I am familiar with and acco ng filed merely to reflect a ck been notified in writing of th	s of all statutes re ept the obligation lange in the regi:	ve to act in this c elative to the pro in of my position stered office ada	apacity. oper and comple as registered ag lress, I hereby co	te perforn ent. Or, onfirm the	nance if this u the
By: <u>Urai</u>	nature of Registered Agent		05/18/2022	Date		
If signing on bel	half of an entity:					
	y, Asst Vice President ped or Printed Name					
	* * * F	ILING FEE: \$3	5.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314