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COVER LETTER

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Control of Tallahaman

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laves of the State of \(1000000000000000000000000000000000000
1. The name of the corporation: VALUE SPNING GLOCAL TECHNOLOGY, IN
2. The principal office address: 1800 BEN FRANKLIN DAIDE ONIT 910
3. The mailing address (if different): 521 HARAISON AVENUT HOLAKON (V) 10
3. The mailing address (if different): 521 FARAISON AUGUUT FRANSON / VY / 4. Date of incorporation/qualification: 10/24/2019 Document number: 19/9000 78066
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CYNTHIA SINCLAIR (RUSIGNOD) 4783 PALEAMO CT 1/E
ST Perens 30na FL 33703
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RICHARD ARATZ
1800 BON FNANKAIN Dr. WIT 9/0B
SANASOTA, FZ 34236
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
May Holliday Mans Haring Signature of the Oliver or director Many Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity: Condand
* * * 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 (04/13)