## P19000078107

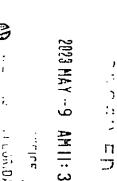
	(Requestor's Name)
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	(
· ·	(Document Number)
Certified Copies	Certificates of Status
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OLGIGLÄRY OF STATE



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 727244 8020289

AUTHORIZATION : Soul Class

COST LIMIT : \$\bar{1}35,00

ORDER DATE : May 8, 2023

ORDER TIME : 8:19 AM

ORDER NO. : 727244-005

CUSTOMER NO: 8020289

## CHANGE OF AGENT

NAME: VONDOM USA INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

statement of ch	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida atton organized under the laws of the State of	FL	
		ice or registered agent, or both, in the State of t SA INC	Florida.	
	the corporation: VONDOM US			
2. The principa	el office address: <u>8803 NW 23F</u>		<u>-</u>	
3. The mailing				
4. Date of incorporation/qualification: 10/04/2019 Document number: P19000078107				
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file wenter resigned)	ith the	
	RC LAW LLP			
	1101 Brickell Ave Suite N1	400	<b>-</b>	
	Miami	FL 33131	2023	
6. The name an (if changed):		istered agent (if changed) and /or registered of	023 MAY -9 I	
	Corporation Service Compa	any	S	
	1201 Hays Street		AM IO: O	
		P.O Box NOT acceptable		
	Tallahassee	FL 32301		
The street addr as changed wil	ess of its registered office and	d the street address of the business office of it	s registered agent.	
Such change wanthorized by t	ras authorized by resolution do the board, or the corporation h	uly adopted by its board of directors or by an has been notified in writing of the change.	officer so	
	golyw	José Albiñana	President	
•	ure of an officer or director	Printed or typed name and tr	· ·	
I hereby accept I further agree of my duties, at document is be corporation ha Corporatio	t the appointment as registere to comply with the provisions to an familiar with and accoing filed merely to reflect a closs been notified in writing of the Service Company	ed agent and agree to act in this capacity, s of all statutes relative to the proper and concept the obligation of my position as registered affice address. I herefuls change	plete performance d agent. Or, if this by confirm that the	
By: I)no	co Cokuble	05/08/2023		
Sig	gnature of Registered Agent \	Date		
	chalf of an entity:			
	Asst. Vice President			
7	yped 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 (04/13)