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(((H23000027973 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

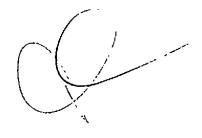
Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE EBARLE MARKETING SERVICES INC.

Certificate of Status	0
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1/2

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

statement of ch	lange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Stat panized under the laws of the State of <mark>Flor</mark> istered agent, or both, in the State of Flor	ida	
		·	าผล.	
	f the corporation: Ebarle Marketing			
	office address: 7901 4th St N STE	: 300		
	urg FL 33702	OTE 000 Ct Date - El 0070		
		STE 300 St. Petersburg FL 3370		
4. Date of inco	erporation/qualification: 10/09/19	Document number: P1900007	9355	
	nd street address of the current registered artment of State: (If resigned, enter resigned)	d agent and registered office on tile with t gned)	he	
	EBARLE, JOENA D			
	2300 SCENIC HILL DR			
	SPRING HILL, FL 34606			
6. The name and street address of the new registered agent (if changed) and for registered off (if changed);		gent (if changed) and /or registered office	2023 JAN 23	
	Northwest Registered Age	ent LLC	JAN	E.
	7901 4th St N STE 300		ČÚ _{zz}	į
	St. Petersburg FL 33702	Box NOT acceptable	AN 8: 1	Q
The street addr as changed wil	ress of its registered office and the stre Il be identical.	et address of the business office of its re	· 	
Such change wanthorized by t	vas authorized by resolution duly adop the board, o r th g corporation has been	ted by its board of directors or by an off notified in writing of the change.	icer so	
Joe	na Ebarle	JOENA D EBARLE - CEO		
I hereby accep I further agree of my duties, a document is be	nure of an other or director of the appointment as registered agent is to comply with the provisions of all st and I am familiar with and accept the o ving filed merely to reflect a change in as been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and comple bligation of my position as registered as the registered office address. I hereby b	te performance gent. Or, if this onfirm that the	
77-N-				
	ignature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
Taylor Nev				
	Typed or Printed Name	DDD 24-00 4 + +		
	* * * FILING	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45 (04/13)