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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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 SARONN CONSULTING INC

Certificate of Status	0
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J. HORNE

MAY 1 2 2022

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

statement of cha	mge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Sia unized under the laws of the State of <mark>Flo</mark> stered agent, or both, in the State of Flo.	orida	
1. The name of	the corporation: SaRonn Consultin	g Inc		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 01/17/2020	Document number: P2000000	07373	
	d street address of the current registered riment of State: (If resigned, enter resigned)	agent and registered office on file with ned)	the	
	Lizarralde , Andres, PA			
	MIAMI BEACH, FL 33149			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic		2022 HAY 11 SECRETARY FALLAHASSEI	
	Northwest Registered Agent LLC		RETARET	
	7901 4th St N STE 300		ARY SSE	
P.O. Box NOT acceptable			<b>PH 12:</b> OF STA	
	St. Petersburg FL 33702		4.5	
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its r	egistered agent,	
Such change wa	as authorized by resolution duly adopt ne board, or the corporation has been i	ed by its board of directors or by an of notified in writing of the change.	ficer so	
48/38/17/11/11 1 PAS 15815 P 58 19		RONN A GOLDBERG, S	RONN A GOLDBERG, SEC	
- 5	re of an officer or director	Printed or typed name and title		
I further agree i of my duties, an document is bei	the appointment as registered agent of the comply with the provisions of all stand accept the owing filed merely to reflect a change in schen notified in writing of this chang	atutes relative to the proper and compl bligation of my position as registered a the registered office address, I hereby (	ete performance igent. Or, if this confirm that the	
Ton Glove		05/11/2022		
	nature of Registered Agent	Date		
	half of an entity:			
Tom Glove	yped or Printed Name			
•	Alaco os a timou ramic			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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