P20000015118

(Requestor's Name)		
(Address)		
(Address)		
(1881323)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECREDIANCE ALLO: 03

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 6 ange is submitted for a corporation organized under the lav er to change its registered office or registered agent, or bot	vs of the State of Florid	<u>a</u>	
1. The name of t	the corporation: Three Resch Kids Holding Inc.			
	office address: 4834 Davis Blvd., Naples, Florida 34104			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 2/20/2020 Document	number: P20000015118		
	d street address of the current registered agent and registere rtment of State: (If resigned, enter resigned)	ed office on file with the		
	HF Registered Agents, LLC			
	1715 Monroe Street			
	Fort Myers, FL 33901		2022 J	
6. The name and (if changed):	d street address of the new registered agent (if changed) and		2022 JAH 18 AH 10: 03	
	HL Statutory Agent, Inc.	·	=	ال ا
	5811 Pelican Bay Blvd., Suite 650	į.	0: 0(المتحدة
	P.O. Box NOT acceptable		ريب	
	Naples, FL 34108			
The street address changed will	ess of its registered office and the street address of the bull be identical.	siness office of its regi	stered a	gent,
Such change was authorized by the Docusigned by:	as authorized by resolution duly adopted by its board of one board, or the corporation has been notified in writing of	directors or by an office of the change.	er so	
Lill. Minin	Kelly Musico, F			
HADEA804908F474	ire of an officer or director Print	ed or typed name and title		
I further agree of my duties, an document is hei corporation has	t the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to the new familiar with and accept the obligation of my posing filed merely to reflect a change in the registered offices been notified in writing of this change.	this capacity. Te proper and complete ition as registered agei e address, I hereby con	perform nt. Or, firm the	nance if this at the
Year	December 29, 2	021		
Sig	gnature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Jeanne L. Seewa	ald. Vice President			
	Typed or Printed Name			

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 * * *