P20000015149

		_			
(Red	questor's Name)				
(Add	dress)				
(· · · · · ·					
(Address)					
(City	//State/Zip/Phone				
(Cit)	//State/Zip/Fitorie i	")			
		—			
☐ PICK-UP	WAIT	MAIL			
/Rue	siness Entity Name				
(Lous	siness Emily Name	=)			
(Doc	cument Number)				
Cartified Carina	C	- E Charles			
Certified Copies Certificates of Status					
Special Instructions to F	iling Officer				
opecial instructions to r	iling Onicer.				
		j			





900354584719

11/09/20--01008--030 **35.00

S TALLENT DEC 1 5 2020

7828 NOV -9 PM 7: 07

RIALY

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: 20/20 Search Group, Inc Name of Corporation
DOCU	JMENT NUMBER: PZ 0000015149
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Nohn W. Lamb Name of Contact Person 70/20 Search Group, Inc. Firm/Company
	1317 Edgewater Dr #324 Address
	Orlando, FL 32804 City/ State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Contact Person at (949) 444-6440 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of char	nge is submitted for a	a corporation org	502, 607.1508, or 617.1 anized under the laws (stered agent, or both, i	of the State of <u>f</u>	<u>u</u>
			Serrch Gno	-	
			Edgewater		<u>, 4</u>
	ddress (if different):				
4. Date of incorp	oration/qualification	: 02/21/2	OZO Document nun	nber: <u>P2 600</u>	xx 1149
	street address of the tment of State: (If re-	_	l agent and registered oned)	ffice on file with th	ie
			uber, CPA		
-	372	0 Le	ne Dr.		
-	TALLA	hassee	, F1 323	09	2 <u>62</u> (
6. The name and (if changed):	street address of the	new registered ag	gent (if changed) and /o	r registered office	2020 NOV -9
-	Kelly Mill	er) PH
_	1317 Edge				-:
	Orlando, FI		OT acceptable		07
The street addres as changed will be	ss of its registered o	ffice and the stree	et address of the busine	ess office of its reg	istered agent,
Such change was authorized by the	s authorized by reso	lution duly adopt oration has been i	ed by its board of direct notified in writing of th	ctors or by an offic se change.	er so
Signature	e of an officer or director		No/Am Printed or	Typed name and title	sidont
I furthèr agrée to	o comply with the pr	rovisions of all st	and agree to act in this atutes relative to the pi accept the obligation flect a change in the r in writing of this char	roper and complete	egistered dress, 1
		 	11/03/2020	D .	
If signing on beh	ature of Registered Agent			Date	
Тут	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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