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	To:	Division of Co Fax Number	rporations : (850)617-6380	LAHA
11:4 PH 4:11	From:	Account Number Phone Fax Number	: REGISTERED AGENTS INC. : 120090000081 : (307)200-2803 : (855)330-1010	\$2EE, FL9810.4
MENT 1707	ter the e annual Email A	, oper t mercrige.	r this business entity to be used for Enter only one email address please.*	future ** —

REGISTERED AGENT CHANGE R.A.W. SOULUTIONS INC.

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JUN 1 5 2021

2021 JUN 14 AM 8: 25

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

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Florida. registered agent, or both, in the State of Florida.	his	
1. The name of	the corporation: R.A.W. SOULUTIO	ONS INC.		
	office address: 4126 SE WESTFIE		_	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 05/21/20	Document number: P20000038503		
	d street address of the current registrement of State: (If resigned, enter r	tered agent and registered office on file with the resigned)		
	UNITED STATES CORPORATION	DN AGENTS, INC.		
	5575 S. SEMORAN BLVD.	SUITE 36	E;	2(
	ORLANDO, FL 32822		TALL AHASSI	1 NOF 1202
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	ini_	
	Registered Agents Inc.		- 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	AH B:
	7901 4th St N STE 300			25
		ox NOT acceptable		
	St. Petersburg FL 3370	<u> </u>		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its register	ed agent,	
Such change wa authorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.)	
Nicole U	ANU/	Nicole Wasser- TD Printed or typed name and title		
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered ago to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as regist to reflect a change in the registered office address	tered s, I	
Bech	·	06/14/2021		
Sıg	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bill Havre				
Т	vned or Printed Name			

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