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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

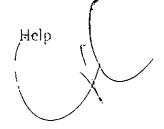
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

To. 18506176380

statement of cha	unge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, the rganized under the laws of the State of <mark>Florida</mark> rgistered agent, or both, in the State of Florida.	ris
	the corporation: Well Aware Inc.		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/22/20	Document number: P20000038775	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	CORPION LEGAL GROUP PA		
	300 SOUTH BISCAYNE BLVD UNIT 3	3216	
	MIAMI, FL 33131		
6. The name and (if changed):	d street address of the new registered Northwest Registered Agent LLC	agent (if changed) and /or registered office	
	7901 4th St N STE 300) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	P.C. St. Petersburg FL 33702	S C P	
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its is is the control of its is in the control of its is	d agent.
Such change wa authorized by the	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.	
Signatu	re of an officer or director	Conrad Ruiz Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all ; ad I am familiar with and accept the ing filed merely to reflect a change is s been notified in writing of this chai	t and agree to act in this capacity, statutes relative to the proper and complete perf obligation of my position as registered agent. C n the registered office address, I hereby confirm nge.	formance Or, if this that the
AN.			
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Taylor Newman	and a Defeat INL or		
Į.	yped or Printed Name		