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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 SUIHAMAS INC.

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Help

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

statement of cha	mge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of or registered agent, or both, in the State of		
1. The name of	the corporation: Suihamas Inc.			
		STE 300 St. Petersburg FL 33702		
3. The mailing a	address (if different): 7901 4th S	t N STE 300 St. Petersburg FL 33702		
4. Date of incor	poration/qualification: 08/05/20	Document number: P20000	063158	
	d street address of the current re rtment of State; (If resigned, ent	egistered agent and registered office on file water resigned)	rith the	
	PETALAS, JOSHUA J			
	2301 WILTON DRIVE 21	.3	2021 S SECR	
	WILTON MANORS, FL 33305	5	1 SEP 14 2021 SEP 14 SECRETAIN	
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered o	ffice $\frac{\partial \hat{\omega}}{\partial \hat{\omega}}$	
	Northwest Registered	d Agent LLC	11.73 30.16 91.16	
	7901 4th St N STE 300		_	
		O. Box NOT acceptable		
	St. Petersburg FL 33	102	-	
The street address changed will	ess of its registered office and (I be identical.	the street address of the business office of i	ts registered agent,	
		y adopted by its board of directors or by an s been notified in writing of the change.	officer so	
Teshu	ıra Wallace	Teshura Wallace, CEO		
I hereby accept I further agree performance of	to comply with the provisions of my duties, and I am familiar w	agent and agree to act in this capacity, of all statutes relative to the proper and count and accept the obligation of my position of the registered officion of the writing of this change.	nplete n as registered	
lon	Glove	9/14/21		
Sig	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Tom Glove	Pr Typed or Printed Name	<u> </u>		
1	yped of rithica Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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