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(((H23000406693 3)))



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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 : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |   |      |  |   |
|-------|----------|---|------|--|---|
|       | -        | _ | <br> |  | - |
|       |          |   |      |  |   |

## REGISTERED AGENT CHANGE EXPRESS INSURANCE AGENCY, INC.

| Certificate of Status | 0       |  |
|-----------------------|---------|--|
| Certified Copy        | 0       |  |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha   | enge is submitted for a corporation c   | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida   | _                  |
|--|---|--|--------------------|
|  | r to change its registered office or r<br>the corporation: EXPRESS INSURAN      | registered agent, or both, in the State of Florida.  |                    |
|  | office address:   |  |                    |
| 2. The principal   | office address.   |  |                    |
| 3. The mailing a   | ddress (if different):  |  |                    |
| 4. Date of incorp  | poration/qualification: 09/11/2020  | Document number: P20000072953  |                    |
|  | I street address of the current registe timent of State: (If resigned, enter re | ered agent and registered office on file with the esigned)   |                    |
|  | CHRISTOPOULOS, EFTHEMIOS E  | 702  |                    |
|  | 1501 NW 13th St #14   | NOV 28   | 1                  |
|  | BOCA RATON, FL 33486  | 1 28   | Γ.                 |
| 6. The name and<br>(if changed):                         | I street address of the new registered  | d agent (if changed) and /or registered officer  | ,                  |
|  | Northwest Registered Agent LLC  | AND A  |                    |
|  | 7901 4th St N STE 300   |  |                    |
|  | P<br>St. Petersburg FŁ 33702  | O. Box NOT acceptable  |                    |
| =  |   | street address of the business office of its registered age  | ent,               |
| Such change wa<br>authorized by th                       |   | lopted by its board of directors or by an officer so en notified in writing of the change.   |                    |
| 25/5/1/1/2/-<br>Signatur                                 | de la                                       | efthemios E Christopoulos, President Printed or typed name and fifte   |                    |
| I further agree t<br>ôf my duties, an<br>document is bei | the appointment as registered ages  | nt and agree to act in this capacity.<br>I statutes relative to the proper and complete performa<br>e obligation of my position as registered agent. Or, if i<br>in the registered office address. I hereby confirm that | nce<br>this<br>the |
| Tour Nou   |   | 11/28/2023   |                    |
| / / Sigr   | nature of Registered Agent  | Date   | _                  |
| If signing on bel  | half of an entity:  |  |                    |
| Taylor Newman  |   |  |                    |
| Ty   | ped or Printed Name   |  |                    |