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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 : (855)330-1010 Fax Number

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

Email	Address:			

REGISTERED AGENT CHANGE RBBP MARKETING INC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida.	
1. The name of t	he corporation: RBBP Marketing Inc		
		ROAD, SUITE 310, ORLANDO, FL 32819	
3. The mailing a	ddress (if different): 7901 4th St N ,SUITE	300, St. Petersburg, FL 33702	
4. Date of incorp	poration/qualification: 09/30/20	Document number; P20000078682	
	d street address of the current registered a tment of State: (If resigned, enter resigned	gent and registered office on file with the sid) 200 DEC	
	LEGALCORP SOLUTIONS, LLC		-يى
	3440 W HOLLYWOOD BLVD. S	UITE 415	
	HOLLYWOOD, FL 33021	•	1
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	
	Registered Agents Inc.		
	7901 4th St N STE 300		
	P.O. Box NOT	acceptable	
	St. Petersburg FL 33702		
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
RICHA	RD BELLO	RICHARD BELLO Printed or typed name and title	
I further agree of agent. Or, if the	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a	d agree to act in this capacity. als relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I	
Bee Han	•	12/02/2020	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre			
T	yped or Printed Name		
	* * * FILING FE	E: \$55.00 * * *	

s ;

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)