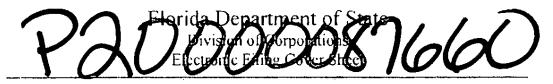
1/28/2021

From: Ranae McGraw

Division of Corporations



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## REGISTERED AGENT CHANGE ORLANDO WAKEBOARDING SCHOOL INC.

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AN 5 8 SOST

From: Ranae McGraw

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

statement of che	provisions of sections 6 ange is submitted for a c er to change its register	orporation organized i	inder the laws of the S	State of Flor	rida	
1. The name of	the corporation: ORLA	NDO WAKEBOARDIN	G SCHOOL INC.			
2. The principal	office address: 10201 S	W 112th Avenue, suite	20, Miami, Florida, 331	78		
3. The mailing	address (if different): 10	5711 Voie de Service N I	Kirkland, Quebec, H9H	3H1, Canac	da	<del></del>
	poration/qualification:					
5. The name an	d street address of the continuent of State: (If resign	irrent registered agent :				
	Michael Fahey					
	10201 NW 112th Aven	ue, suite 20, Miami, Flor	rida, 33178			
6. The name an (if changed):	id street address of the n	ow registered agent (if	changed) and /or regis	tered office	:	
	C T Corporation Syste	n:				
	1200 South Pine Island	Road				
	Plantation, Florida 333	P.O. Box NOT 24	accuptable			2021 J
The street addr as changed wil	Plantation, Florida 333 ress of its registered off I be identical.	ice and the street addre	ess of the business of	fice of its re	egistered	iaggnt, ⊗o
Such change wanthorized by t	ras authorized by resoluthe board, or the corpor	tion duly adopted by i	ts board of directors of hin writing of the cha	or by an offi inge.	liçer so	PX
/ (	rlan H	Dy	rlan Halickman, legal re	epresentative	of Mr. A	7110g
I barahy accan	t the appointment as re to comply with the pro not am familiar with sing filed merely to refle to System	visions of all statutes t nd accept the obligation of a change in the reg ng of this change.	Printed or typed in ree to act in this capar elative to the proper on of my position as re istered office address	cin	ete perfo gent. Or confirm t	ormance r, if this that the
	n System		1/28/2021			
Si	gnature of Registered Agent		Date			
If signing on b	ehalf of an entity:					
	Asst Secretary Typed or Printed Name					
	:	* * * FILING FEE: \$	35.00 * * *			

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By: