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To:					
	Division of Corp	orations	$\mathbf{F}_{c}$	~3	
	Fax Number :	(850)617-6380	- F(?)	120	
From:			AH.	2021 NOV	
	Account Name :	ALLSTATE CORPORATE SERVICES CORP	IAR ASS	-	$\tau_{l}$
	Account Number :	120040000031	SN E	29	_
	Phone :	(800)906-9220	m	~	iπ
	Fax Number :	(800)906-9880		AK	$\bigcirc$
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		for this business entity to be used for future gs. Enter only one email address please.**	TATE ORIDA	24	\$
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1. The name of	the corporation: OSISEARC	H CORP			
2. The principal	office address: 2901 COLLI	NS AVE, 708, MIAMI I	3EACH, FL 33140		-
3. The mailing	address (if different): <u>c/o Ca</u>	ri Manteiga, Hamess T	°ax, 4 Jones Avenue, Port	Jefferson Station,	- NY 1
4. Date of incorporation/qualification: 11/18/2020 Document number: P2000009201				2081	
	d street address of the curren rtment of State: (If resigned,		registered office on file wi	th the	
	WOLFE, STEVE				
	2901 COLLINS AVE, 708, 1	MIAMI BEACH, FL 33	140	•	
6. The name an (if changed):	d street address of the new ro	gistered agent (if chan	ged) and /or registered off		5
	Registered Agent Solutions,	Inc.		AHASSE	; ;
	155 Office Plaza Dr. Suite A			ting <b>u</b>	ניק
	Tailahassee, FL 32301	P.Q. Box NOT accept	abic	AH 9: FSTAT FLORI	Ċ
The street addr as changed wil	ess of its registered office an be identical.	nd the street address o	f the business office of its	S registered agent	t,
Such change w authorized by t	as authorized by resolution he board, or the corporation	duly adopted by its be has been notified in v	ard of directors or by an writing of the change.	officer so	
578VE WOLTE		STEVE	WOLFE		

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

I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Seven Weiss, Assistant Corceany

10/28/2021

Date

If signing on behalf of an entity:

Steven Weiss, Assistant Secretary

Typed or Printed Name

Signature of Registered Agent

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)