P20000094280

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Pragmatic Edge Inc. Name of Corporation		
DOCUMENT NUMBER: P20000094280		
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Samantha Fryer		
Name of Contact Person		
Corporate Direct, Inc.		
Firm/Company		
2248 Meridian Blvd Ste H		
Address		
Minden, NV 89423		
City/State and Zip Code		
sfryer@corporatedirec	et.com	
E-mail address: (to be used for future annua		
For further information concerning this matter,	please call:	
Samantha Fryer	at (800)600-1760	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporate	?, 617.0502, 607.1508, or 617.1508, Florida Statu ion organized under the laws of the State of <mark>Flori</mark> or registered agent, or both, in the State of Floric	<u>da</u>
1. The name of	the corporation: Pragmatic E	dge Inc.	
		lor Way, Ste 103 PMB 296, Santa Rosa	Beach, Fl
3. The mailing	address (if different):		
		Document number: P20000094	280
	d street address of the current repartment of State: (If resigned, enter	gistered agent and registered office on tile with the er resigned)	e
	Legalcorp Solutions, LLC	>	
	3440 W Hollywood Blvd,	Ste 415	
	Hollywood, FL 33021	Ä	2022 JUL
6. The name an (if changed):	d street address of the new regist	tered agent (if changed) and /or registered offices	NT -2 B
	Registered Agents Inc.		." ""
	7901 4th St N STE 300	614	မှ 3 3 3 3
	St. Petersburg FL 33702	1.57 1504 1557 deceptable	Per co
The street addras changed will	ess of its registered office and t I be identical.	he street address of the business office of its reg	istered agent.
		y adopted by its board of directors or by an offic s been notified in writing of the change.	er so
(h	idea Luyo	Andres Luzio	
Signau I hereby accept I further agree of my duties, ar document is be	ure of an officer or director t the approximate are revistered	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete of the obligation of my position as registered age ange in the registered office address, I hereby con of change.	e performance ont. Or, if this nfirm that the
Bel Home		6-22-2022	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Bill Havre		<u>_</u>	
Ţ	Typed or Printed Name		
	* * * FIL	LING 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)