## P21000009198

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(,			
PICK-UP WAIT MAIL			
(Durings Falita Nama)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
,			

Office Use Only



400369831914

RAGRO Change

07/18/21--01808--001 \*\*85.00

FILED

NOT JUL 16 PM 12 12

SECRETARY OF SAME.

AUG 03 2021 A RAMSEY



TO:

Amendment Section Division of Corporations

SUBJECT: Overseen By ACT	
Name of Corporation	
DOCUMENT NUMBER: P21000009198	
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Celbrica Tenah	
Name of Contact Person	<del></del>
Overseen By ACT	
Firm/Company	
P.O. Box 200163	
Address	
Austin, TX 78720	
City/State and Zip Code	
actentrio@gmail.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	se call:
Celbrica Tenah	at ( <sup>352</sup> ) <sup>278-2270</sup>
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 **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 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 cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stati organized under the laws of the State of Flori registered agent, or both, in the State of Flori	da
	he corporation: Overseen By ACT	<u>-</u>	
	office address: 10505 Oak View Dr	Austin, TX 78759	
3. The mailing a	ddress (if different): P.O. Box 200	163 Austin, TX 78720	
4. Date of incorp	oration/qualification: 2/2/2021	163 Austin, TX 78720  Document number: P2100000919	8
5. The name and		tered agent and registered office on file with the	
	Business Filings Incorporated (resig	gned)	2021
	1200 SOUTH PINE ISLAND ROA		2021 JUL 16
	PLANTATION, FL 33324		دسا
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	PH 2 1
	Kwaku Tenah		<b>\</b>
	1063 SW 243RD TERRACE		
	NEWBERRY, FL 32669	P.O. Box NOT acceptable	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its re	gistered agent.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	cer so
		Celbrica Tenah, VP Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is bei	o comply with the provisions of a	ent and agree to act in this capacity all statutes relative to the proper and complet the obligation of my position as registered ag e in the registered office address. I hereby co	te performance ent. Or, if this infirm that the
	teral	7/9/2021	
Sagr	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
Ту	ped or Printed Name		

\* \* \* 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) FILED