

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

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Fax Number

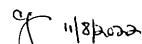
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REGISTERED AGENT CHANGE TEST A TESLA, INC

	3
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, th nized under the laws of the State of <mark>Florida</mark> tered agent, or both, in the State of Florida.	his ———
1. The name o	f the corporation: TEST A TESLA, IN	IC	
	al office address:		
3. The mailing	address (if different):		
		Document number: P21000018418	}
	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	~ 3
	RODEN, BRUCE E		1027
	1290 NE 125TH STREET		20271111'-7
	NORTH MIAMI, FL 33161		-1
6. The name a (if changed)	nd street address of the new registered age	ent (if changed) and /or registered office	/:· 10: 15
	Registered Agents Inc		٥.
	7901 4th St N STE 300		
	P.O.Bo St. Petersburg FL 33702	ox NOT acceptable	
The street add as changed w	lress of its registered office and the stree	t address of the business office of its registere	ed agent,
Such change authorized by	was authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.)
Bring	iture of an ufficer or director	RODEN, BRUCE E - P	
I hereby acce, I further agre of my duties, d document is b corporation h	pt the appointment as registered agent as e to comply with the provisions of all sta and I am familiar with and accept the ob eing filed merely to reflect a change in t as been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete per ligation of my position as registered agent. (he registered office address, I hereby confirn 2.	formance Or, if this that the
But Have	Signature of Registered Agent	11/07/2022	
		Date	·
	ochalf of an entity:		
Bill Havre	Typed or Printed Name		
	••	FF: \$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)