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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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REGISTERED AGENT CHANGE INDELIBLE IMAGE INC.

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

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, th unized under the laws of the State of <mark>Florida</mark> stered agent, or both, in the State of Florida.	nis 			
1. The name of t	he corporation: INDELIBLE IMAG	E INC.				
2. The principal	office address: 5000 KERNAN BLV					
	ddress (if different):					
4. Date of incorp	poration/qualification: 03/01/2021	Document number: P21000021329				
5. The name and		agent and registered office on file with the				
	UNITED STATES CORPO	PRATION AGENTS, INC.				
	5575 S. SEMORAN BLVD. STE 36					
	ORLANDO, FL 32822		2(
6. The name and (if changed):		ent (if changed) and /or registered office	202./ .1 3			
	Northwest Registered Age	nt LLC				
	7901 4th St N STE 300		HI 9:			
	St. Petersburg FL 33702	Sox NOT acceptable	. 50			
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its registere	ed agent,			
Such change wa	is authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of directors or by an officer so notified in writing of the change.				
Richa	erd Steiger	Richard Steiger, Director				
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stop of a line of a line of the merely to reflect a change in been notified in writing of this chang	and agree to act in this capacity, atutes relative to the proper and complete perf bligation of my position as registered agent. C the registered office address, I hereby confirm e.	formance Or, if this that the			
Ton Gl	nature of Registered Agent	01/31/2022				
Sig	nature of Registered Agent	Date				
	half of an entity:					
Tom Glove						
T,	yped or Printed Name * * * FILING I	FEE: \$35.00 * * *				

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