





Florida Department of State

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 : (307)200-2803 Fax Number : (855)330-1010

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Email Address:___

REGISTERED AGENT CHANGE **ENGENIOUS, INC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

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

statement of ch	uange is submitted for a corporation orgo	602, 607,1508, or 617,1508, Florida Statutes, this unized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
	the corporation: Engenious, Inc	, and the same of	
	l office address:		
3. The mailing	address (if different):		
	Date of incorporation/qualification: 02/01/2021 Document number: P21000025489		
5. The name an		agent and registered office on file with the 💢 😕	
	Anderson Registered Agents, Inc.	2 3	
	<u> </u>		
	Tampa, FL 33602	Sec. 3	
6. The name an (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	
	Registered Agents Inc		
	7901 4th St N STE 300		
	P.O. Bo St. Petersburg FL 33702	ov NOT acceptable	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent.	
Such change was	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.	
190R	borovskuku	IGOR DOROVSKIKH, PTSD	
•	re of an officer or director	Printed or typed name and title	
i nercoy accept I further agree , of my duties, an document is bei corporation has	the appointment as registered agent ar to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change	id agree to act in this capacity, utes relative to the proper and complete performance igation of my position as registered agent. Or, if this is registered office address. I hereby confirm that the	
Data Rens		05/24/2023	
•	nature of Registered Agent	Date	
	shalf of an entity:		
David Roberts	yped or Printed Name		
1;	pped of a timed reality		

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