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1	Division of Corporations Fax Number : (850)617-6380	∑ :
r From	:	
· from ,	Account Name : REGISTERED AGENTS INC.	<u> </u>
,	Account Number : I20090000081	
,	Phone : (307)200-2803	(/)
	Fax Number : (855)330-1010	
•		_ : ئىس
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*Enter th	e email address for this business entity to be used for futu al report mailings. Enter only one email address please.**	re _{ro} ,
annua	it report mailings. Enter only one emait address please.**	₩.

REGISTERED AGENT CHANGE C. N. SQUIRES, ESQ., P. A.

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SEP 0 3 2021 S. PRATHER

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.		-
1. The name of	the corporation: C. N. SQUIRES	, ESQ., P. A.		
		PLAINS DRIVE RIVERVIEW, FL 33578		
3. The mailing a	address (if different): 7901 4th St	N STE 300 St. Petersburg FL 33702		
4. Date of incor	poration/qualification: 05/14/21	Document number: P21000045961		
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)		
	CHRISTIANE L NOLTON		<u> </u>	2021 SEP
	10443 LAGUNA PLAINS DRIVE			
	RIVERVIEW, FL 33578			P -2
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	APPENDED LOUIS	
	Northwest Registered	Agent LLC	707	60
	7901 4th St N STE 300			
), Box. NOT acceptable		
	St. Petersburg FL 337	02		
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its registe	ered age	nt,
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so	
Momen	- Ooke-	Morgan Noble		_
I further agree performance of agent. Or, if th	to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete the and accept the obligation of my position as regly to reflect a change in the registered office addrestified in writing of this change.	istered vss, I	
Ton	Glove	08/30/2021		
Sig	mature of Registered Agent	Date		
If signing on be	half of an entity:			
Tom Glove				
Т	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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