5/18/23, 2:38 PM



Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000184833 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	•	

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C	Address:			
-maii	Andress			

REGISTERED AGENT CHANGE EVERYTHING GOT A PRICE CORP.

Certificate of Status	0
Certified Copy	0
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	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Fiorida S on organized under the laws of the State of $\frac{F}{F}$ or registered agent, or both, in the State of F	Florida
1. The name of	the corporation: Everything G	ot A Price Corp.	
4. Date of incor	poration/qualification: 05/25/20	Document number: P21000	049425
	d street address of the current reg artment of State: (If resigned, ente	istered agent and registered office on file wir r resigned)	th the
	NORTHWEST REGIS	STERED AGENT LLC	
	7901 4th St N STE 30	00	
	St. Petersburg, FL 33	702	2023 J. J. J
6. The name an (if changed):	~	ered agent (if changed) and /or registered off	2023 MAY 18
	Registered Agents Inc		. SSE
	7901 4th St N STE 30	00	STATE, FL
	St. Petersburg FL 337	P.O. Box NOT acceptable	1. 21. 21.
The street addr as changed wil	ess of its registered office and th	ne street address of the business office of its	registered agent.
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its hoard of directors or by an ebech notified in writing of the change.	officer so
Sta	The of an other or director	Star Amun, President	
I hereby accept I further agree of my duties, a document is be	t the annaintment as registered a	Printed or typed name and till igent and agree to act in this capacity, i all statutes relative to the proper and com the obligation of my position as registered age in the registered office address, I hereh change.	
Daid Pents		05/18/2023	
	gnature of Registered Agent	Date	 -
If signing on bo	chalf of an entity:		
David Rob			
	Typed or Printed Name		
	* * * FIL	ING 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)