P21000051143

| (Re | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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| (Do | cument Number) | | |
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| Certified Copies | _ Certificates | of Status | |
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| | 577 077 | | |
| Special Instructions to | Filing Officer: | | |
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COVER LETTER

TO:

| TO: | Amendment Section Division of Corporations | |
|--------------|---|---|
| SUBJ Name | JECT: BRAND IQ. INC. | |
| DOC | UMENT NUMBER: P21000051143 | |
| The e | enclosed Statement of Change of Registere | d Office/Agent and fee are submitted for filing. |
| Please | e return all correspondence concerning this | s matter to the following: |
| Samai | ntha Jackson | |
| Name | e of Contact Person | |
| Meria | im Corporate Services, Inc. | |
| Firm/ | Company | |
| PO Bo | ox 52588 | |
| Addre | ess | |
| | AZ 85208 | |
| City/S | State and Zip Code | |
| | meriamfinancial@gmail.com | 1 |
| E-ma | ail address: (to be used for future annua | l report notification) |
| For fu | arther information concerning this matter, | please call: |
| Samai | ntha Jackson | at (720)318.8456 Area Code & Daytime Telephone Number |
| | Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclo | osed is a \$35.00 check made payable to the | Department of State. |
| | Mailing Address: Amendment Section | Street Address: |
| | Division of Corporations | Amendment Section Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha | inge is submitted for a corpo | oration organized under the laws of the State of Florida fice or registered agent, or both, in the State of Florida. | |
|--|--|--|--|
| 1. The name of | the corporation: BRAND IQ. | INC. | |
| | | | |
| 3. The mailing a | iddress (if different): | | |
| 4. Date of incorp | poration/qualification: | Document number: P21000051143 | |
| | I street address of the current tment of State: (If resigned, | t registered agent and registered office on file with the enter resigned) | |
| | PRANAV VERMA | | |
| | 68 MIRACLE MILE | | |
| | CORAL GABLES, FL 33134 | 4 | |
| 6. The name and (if changed): | I street address of the new re | gistered agent (if changed) and /or registered office | |
| | PRANAV VERMA | 聖 리 프 | |
| | 370 NE 75TH ST STE 126 | Z6 ZE | |
| | MIAMI FL 33138 | P.O. Box NOT acceptable | |
| The street addreas changed will | ess of its registered office ar be identical. | nd the street address of the business office of its registered agent, | |
| Such change wa authorized by th | as authorized by resolution one board, or the corporation | duly adopted by its board of directors or by an officer so has been notified in writing of the change. | |
| 1 M | v | PRANAV VERMA | |
| - | re of an officer or director | Printed or typed name and title | |
| I Jurther agree t of my duties, an document is bei | the appointment as register to comply with the provision of I am familiar with and acing filed merely to reflect a continuous process of the continuous process. | ed agent and agree to act in this capacity. ns of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change. | |
| 1/km | | 10/20/2021 | |
| Sign | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Ty | yped or Printed Name | | |

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