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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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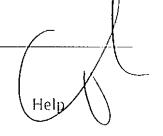
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## **REGISTERED AGENT CHANGE** BIG RIVER DELTA, INC.

Cenificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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

statement of cha	nge is submitted for a corporat	?, 617,0502, 607,1508, or 617,1508, Florida Statition organized under the lasss of the State of Flor tor registered agent, or both, in the State of Flor	ida
1. The name of t	he corporation: Big River Delta.	Inc.	
	office address: 411 Walnut Stree		··
Green Cove Sprii			
3. The mailing a	ddress (if different): 411 Walnu	it Street # 17854 Green Cove Springs FL 32043	
		Document number: P210000543	89
	street address of the current re tment of State: (If resigned, ent	egistered agent and registered office on file with the resigned)	the
	MYERS, ANNA		
	411 WALNUT STREET # 17854		
	GREEN COVE SPRINGS, FL 32	2043-3443	
6. The name and (if changed):	street address of the new regis	tered agent (if changed) and for registered office	2024 NOY -4
	Registered Agents Inc		(1) <b>(2)</b>
	7901 4th St N STE 300		
	St. Petersburg FL 33702	P.O. Box NOT acceptable the street address of the business office of its re	AM 10:
The street addre as changed will	ss of its registered office and t be identical.	the street address of the business office of its re	egistered ageni,
		y adopted by its board of directors or by an off s been notified in writing of the change.	
ann	CamyEll	Anna Myers - PTSD	
I hereby accept I further agree to of my duties, and document is bein	the appointment as registered o comply with the provisions of d I am familiar with and accep	agent and agree to act in this capacity, of all statutes relative to the proper and complete the obligation of my position as registered a time in the registered office address, I hereby to	ate performance gent. Or, if this
David Parens		11/4/2024	
Sign	nature of Registered Agent	Date	·····
If signing on bel	nalf of an entity:		
David Roberts			
Ту	ped or Printed Name		

\* \* \* FILING 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)