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Division of Corporations

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: (850)617-6380

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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REGISTERED AGENT CHANGE PREMIUM SUNSCREEN INC

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

statement of che	ange is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida Statutes, t nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	his	
1. The name of	the corporation: PREMIUM SUNSC	REEN INC		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 06/30/2021	Document number: P21000060754	4	
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the led)		
	KEEFE, KENNETH H, ESC	5		
	6800 GULFPORT BLVD S	SUITE 201-306		
	SOUTH PASADENA, FL 3	3707	2071	
6. The name an (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	2021 60 : 21	
	Northwest Registered Age	nt LLC	Pil	
	7901 4th St N STE 300		ų: 2	
	St. Petersburg FL 33702	ox NOT acceptable	, y	
The street addr	ress of its registered office and the stree I be identical.	t address of the business office of its registe	red agent,	
Such change wanthorized by i	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer s otified in writing of the change.	υ	
Signature of an officer or director		Kenneth H Keefe Esq. President		
I further agree of my duties, a document is be	t the appointment as registered agent a to comply with the provisions of all sto nd I am familiar with and accept the ob sing filed merely to reflect a change in t as been notified in writing of this chang	itutes relative to the proper and complete pe lligation of my position as registered agent, the registered office address, I hereby confir	erformance Or, if this m that the	
Signature of Registered Agent		10/21/2021		
		Date		
<u> </u>	chalf of an entity:			
Tom Glove	Typed or Printed Name			
	*1			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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