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H220003455783ABC3

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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

C-~11	Address:			
COLATI	MIIII PSS			

REGISTERED AGENT CHANGE LOOPHOLE CONCEPTS INC.

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pg 2 of 3

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COVER LETTER

TO:

TO: Amendment Section Division of Corporations		
Division of Corporations		
SURJECT: LOOPHOLE CONCEPTS IN	VC.	
SUBJECT: Name of Corporation		
P2100064516		
DOCUMENT NUMBER: 1 2 1000004010		
The enclosed Statement of Change of Registered Office/Agent and for	ee are submitted for filing.	
Please return all correspondence concerning this matter to the follow	ring:	
Joshua Murphy		
Name of Contact Person		
Registered Agent Solutions, Inc.	207	
Firm/Company	?2 C	
Corporate Center One, 5301 Southwest Pkwy, Ste 400)CT	
Address	π =	
Austin, Texas 78735	<i>i</i> ,	
City/State and Zip Code	77. A	
E-mail address: (to be used for future annual report notification	2022 OCT 1.0 AM 8: 51	
For further information concerning this matter, please call:		
Joshua Murphy	705-7274 Code & Daytime Telephone Number	
Name of Contact Person Area C	ode & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State	i.	
Mailing Address: Street Address: Amendment Section Amendment	·	
Amenument Section Amenument	, occupii	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 6, nge is submitted for a corporation r to change its registered office or	organized i	inder the la	iws of the State of	Florida	
I The name of t	the corporation: LOOPHOLE (CONCER	TS INC			
	office address: 200 Bird of P				, FL 3213	37
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 7/13/202	21	Document	number: P2100	00064516	
	I street address of the current regist tment of State: (If resigned, enter i		and register	ed office on file w	ith the	21
	BLUMBERGEXCELSIOR (CORPOR	ATE SEF	RVICES, INC.	-	022 (
	155 OFFICE PLAZA DR, 1	ST FLOO	R			2022 OCT 1 O
	TALLAHASSEE		FL	32301	- Tr.	-
6. The name and (if changed):	street address of the new registere Registered Agent Sol	_ ,		nd /or registered of	ffice Fi	AH 8:51
	155 Office Plaza Dr.		Suite A		_	
	Tallahassee	P.O. Box NOT	acceptable 3230	1	_	
The street addre as changed will	ess of its registered office and the be identical.	street addre	ss of the b	usiness office of i	its registered	agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by it een notified	s board of in writing	directors or by an of the change.	officer so	
/s/ Albert	Haft	Albe	ert Haft		Authorized	d Person
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this classes.	ill statutes ri he obligatio e in the regi hange.	ee to act in elative to ti n of my po:	he proper and cor sition as registere	mplete perfor ed agent. Or,	mance if this at the
Sign	nature of Registered Agent	•		Date		
lf signing on bel	half of an entity:					
	Assistant Secretary					
Ту	exped or Printed Name ***FILIN	NG FEE: \$3	35.00 * * *			