

To: 18506176380

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_

## **REGISTERED AGENT CHANGE** YOUBORN INC.

Certificate of Status Certified Copy 0 02 Page Count 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	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	_
	the corporation: Youborn Inc		
			_
3. The mailing a	iddress (if different):		_
		Document number: P21000088332	
5. The name and		istered agent and registered office on file with the	
	PICINELLI, GIORGIO		
	1680 MICHIGAN AVE STE 910		
	MIAMI BEACH, FL 33139	202	
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	T
	Registered Agents Inc		ار از پار
	7901 4th St N STE 300	ä	ĺ
	St. Petersburg FL 33702	P.O. Box NOf acceptable	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered ager	ıt,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	AD PLACATIETS A	GIORGIO PICINELLI- Treasurer	
I hereby accept I further agree i of my duties, an document is bei	the appointment as registered a to comply with the provisions of d I an familiar with and accept ng filed merely to reflect a chan been notified in writing of this	Printed or typed name and title tigent and agree to act in this capacity. Tall statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if the tige in the registered office address, I hereby confirm that to change.	ce iis he
Don't State		July 12, 2024	
	nature of Registered Agent	Date	-
If signing on be	half of an entity:		
David Roberts			
T	sped or Printed Name	_	

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