Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ALRON ENTERPRISES, INC.

Account Number : I20000000113 Phone : (321)951-7626 Fax Number : (321)723-8218

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

REGISTERED AGENT CHANGE COSMOPOLITAN SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUL - 5 2022

S. PRATHER

COVER LETTER

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TO:	Amendment Section Division of Corporations	
	200 St. Carpellanding	
SUBJ	ECT: Cosmopolitan Systems, Inc.	
Name	of Corporation	
DOC	UMENT NUMBER: P21000090064	
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this r	natter to the following:
	Johnson	
	of Contact Person	
	Corps, Inc.	
Firm/	Company	
3990	Minton Road	
Addre	255	
Melbe	ourne, FL 32904	
City/S	State and Zip Code	
	admin@thecosmopolitan.net	
E-ma	il address: (to be used for future annual i	report notification)
For fu	urther information concerning this matter, ple	ease call:
Jenni	Johnson	at (321)951-7626
	Name of Contact Person	at (321)951-7626 Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the D	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

022 JUL -1 AH 10

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida	
	r to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of t	he corporation: Cosmopolitan Systems, Inc.	
2. The principal	office address: 210 Elm Street W Melbourne, FL 32904	
		
	ddress (if different):	
4. Date of incorp	poration/qualification: October 15, 2021 Document number: P21000090064	
	street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)	
	ElHadji Momas Fall	
	210 Elm Street	
	W Malbourne, FL 32904	1 17
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	L 14 17417
		ń-< ⊓
	3990 Minton Road	1 CS
	P.O.Box NOT exceptible	
	Melbourne, FL 32904	∃mi ≥
The street address changed will	ess of its registered office and the street address of the business office of its registered ag-	ent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be hoard, or the corporation has been notified in writing of the change.	
1	ElHadji Monar Fall, President	
	re of an officer of director Phinled of typed name and title	_
I hereby accept I further agree to of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. To complete perform to complete perform to complete perform it is an important with and accept the obligation of my position as registered agent. Or, if my filed merely to reflect a change in the registered affice address, I hereby confirm that is been notified in writing of this change.	pice this the
35	Pisture of the guitored Agent P	P+
If signing on be	chalf of an entity;	
	, Vice President	
Ţ	yped or Fringed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2ED45 (04/13)