1721000100997

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of St	tatus		
Special Instructions to Filing Officer:			
Q. SILAS MAR 17 2022			

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03/09/22--01011---004 **85.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Stratelegy Inc. Name of Corporation	
DOCUMENT NUMBER: P21000100997	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
James Crider	
Name of Contact Person	
Stratelegy Inc.	
Firm/Company	
51 E Jefferson St #6427	
Address	
Orlando, FL 32801	
City/State and Zip Code	
filings@stratelegy.co	om
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, pla	ease call:
James Crider	at (689)240-3010
Name of Contact Person	at (689)240-3010 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State	of Florida
	the corporation: Stratelegy Inc.	G , ,	,
	office address: 51 E Jefferson St #6	6427 Orlando, FL 32801	
	0.0 DOV.040	70 50 1 1 1 100 1	
	address (if different): P.O. BOX 6467		
4. Date of incor	poration/qualification: 12/01/2021	Document number: P210)00100997
	d street address of the current registered riment of State: (If resigned, enter resign		with the
	LEGALCORP SOLUTIONS	S, LLC	
	3440 W HOLLYWOOD BL	VD. SUITE 415	
	HOLLYWOOD, FL 33021		
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered	
	Registered Agents Inc.		
	7901 4th St N STE 300		2022 HAR -9 SECRETARY
	St. Petersburg FL 33702	ος NOΓ acceptable	PH SSEE
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office o	of its registered agent.
Such change verauthorized by the	as pathorized by resolution duly adopte board, or the corporation has been n	ed by its board of directors or by otified in writing of the change.	an officer so
Signatu	re of an officer or director	James Crider Presid	
of my duties, an document is bei	the appointment as registered agent as to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in to s been notified in writing of this change	tutes relative to the proper and c ligation of my position as registe he registered office address. I he	complete performance ered agent. Or, if this ereby confirm that the
Bee Home		March 1st, 2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre			
Т	yped or Printed Name		
	* * * FILING F	FF+\$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)