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.

(((H23000006282 3)))



H230000062823ABCX

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 : (888)462-3453 Phone

Fax Number

: (877)919-2613

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

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## REGISTERED AGENT CHANGE GUAVA LABS INC.

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Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

(((H23000006282 3)))

statement of cha	•	, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of <u>FLORIDA</u> red agent, or both, in the State of Florida.
1. The name of t	he corporation: GUAVA LABS INC.	
2. The principal	office address: 1000 BRICKELL AVE STE	715 MIAMI, FL 33131
3. The mailing a	ddress (if different): 1000 BRICKELL AV	E STE 715 MIAMI, FL 33131
4. Date of incorp	poration/qualification: 12/29/2021	Document number: P22000001320
5. The name and	street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with the
	UNITED STATES CORPORATION AGE	NTS, INC.
	5575 S. SEMORAN BLVD. 36	
	ORLANDO, FL 32822	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office
	REPUBLIC REGISTERED AGENT LLC	- 202
	1150 Nw 72nd Ave Tower I Ste 455	
	P.O. Box Miami, FL 33126	NOT acceptable
The street addre	ss of its registered office and the street a	ddress of the business office of its registered agent.
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been noti	by its board of directors or by an officer so $\overset{5}{\sim}$ fied in writing of the change.
Josh C	estanza	JOSH COSTANZA - PRESIDENT
I hereby accept I further agree to fmy duties, and document is beit corporation has	the appointment as registered agent and o comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Youth Sign	a Dollow  unture of Registered Agent	01/05/2023 Date
If signing on bel	nalf of an entity:	
Lovett	Dobson ped or Printed Name	
')	* * * FILING FEH	C: \$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)

TO:

(((H23000006282 3)))

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJI Name	ECT: GUAVA LABS INC. of Corporation				
DOCL	JMENT NUMBER: P22000001320				
The en	closed Statement of Change of Registered	Office/Agent and fee ar	e submitted for filing.		
Please	return all correspondence concerning this	matter to the following:			
LOVE	ITE DOBSON				
Name	of Contact Person				
	LE.COM LLC				
	Company	- <del>-</del>			
	STATE HWY 249 #220				
Addres					
	TON, TEXAS 77064				
City/St	ate and Zip Code				
,	EFILE1234@INCFILE.COM				
t-mai	l address: (to be used for future annual	report notification)			
For fur	ther information concerning this matter, p	lease call:			
LOVET	TTE DOBSON	at ( 888	462-3453 & Daytime Telephone Number		
	Name of Contact Person	Area Code	& Daytime Telephone Number		
Enclose	ed is a \$35.00 check made payable to the I	Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corp The Centre of To 2415 N. Monroe	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
CR2E04	15 (04/13)	(((H230000	006282 3)))		