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.

(((H22000421015 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

To:				
	Division of Corporations			
	Fax Number	: (850)617-6380		
From:			— <u>-</u> : - <b>⊂</b>	
	Account Name	: REGISTERED AGENT SOLUTIONS INC	1,11,1	
	Account Numbe	r : I20100000062		
	Phone	: (888)705-7274	-	
	Fax Number	` ,	-, .	
		, (332), 33 (2)		
			or future	
**Enter	the email addre	ss for this business entity to be used for	or future	
		lings. Enter only one email address pleas	e.*•	

## REGISTERED AGENT CHANGE STEALTH BRAND MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

VERMETS

→ 18506175383

pg 2 of 3

H22000421015 3

## **COVER LETTER**

TO.

Amendment Section

15129570210

Name of Corporation	MANAGEMENT INC.
DOCUMENT NUMBER: P220000	)03648
The enclosed Statement of Change of Registered	
Please return all correspondence concerning this	matter to the following:
Vanessa Castillo	
Name of Contact Person	<del></del>
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	<u>0</u>
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	lease call:
Vanessa Castillo	at ( 888 ) 705-7274  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 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

→ 18506176383

tatement of cha	provisions of sections 607.05 nge is submitted for a corpor r to change its registered off	ration organize	rd under the la	ws of the State	of Florida	<del></del>
1. The name of t 2. The principal	he corporation: STEAL office address: 515 N F	TH BRAI lagler Dr	ND MAN	AGEMEN	•	
	ddress (if different):	0/0000			20000000	
I. Date of incorp	oration/qualification: 1/1	8/2022	Document	number: P22	200000364	8_
	street address of the current tment of State: (If resigned.)			ed office on file	with the	
	Blumbergexcels	ior Corp	orate Se	rvices, Ir	nc.	
	155 Office Plaza Dr	<u> </u>	1st F		_	
	Tallahassee		FL	32301		
6. The name and (if changed):	Registered Age	ent Solut	ions, Ind	D.	2022 DEC 14	-· , , ·
	Tallahassee		Suite A		PH 1: 50	erandi erandi erandi
	ss of its registered office ar be identical. as authorized by resolution of the board, or the corporation					gent.
s/ Vincent			incent J	_	Authorized	Paran
	v of an officer or director	v		ted or typed name as		
further agrée t of my duties, an locument is bei porporation has	the appointment as register o comply with the provision d I am familiar with and ac ny filed merely to reflect a c been notified in writing of	is of all statute cept the obliga hange in the r	rs relative to th uion of my vos	ie proper and c sition as registe	complete perform cred agent. Or, i reby confirm tha	ance f this t the
Modern	zidt		12/13/20	22		
Sign	uture of Registered Agent			Date		
f signing on bel	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
Ty	ped or Printed Name					
	* * *	FILING FEE	: \$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)