	(Requestor's Name)
	(Address)
	(Address)
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #1
PICK-UP	MAIL MAIL
	(Business Entity Name)
	(Document Number)
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 689151 4715037

AUTHORIZATION : 🔟

COST LIMIT : \$',35.00

ORDER DATE: April 20, 2023

ORDER TIME : 10:10 AM

ORDER NO. : 689151-011

CUSTOMER NO: 4715037

CHANGE OF AGENT

NAME: CHRISTINE GAGNON, CPA, P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

statement of cha	nge is submitted for a corporation of	7.0302, 607.1308, or 617.1308, Florida Storganized under the laws of the State of Florida Store agent, or both, in the State of Florida State	lorida
1. The name of t	the corporation: CHRISTINE GAGN	ON, CPA, P.A.	
2. The principal C/O EISNER A		D AVENUE NEW YORK, NY 10017	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/13/2022	Document number: P2200000)5052
	street address of the current registe tment of State: (If resigned, enter re-	red agent and registered office on file with signed)	
	GAGNON, CHRISTINE		2023 MAY
	11742 PARADISE COVE LANE		11/
	WELLINGTON	FL 33449	ω -e
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered offic	PH 1.3
	Corporation Service Company		•
	1201 Hays Street		
	Ρ.	O, Box NOT acceptable	
·	Tallahassee	FL 32301	
		reet address of the business office of its	
autherized by th	e board, or the corporation has bee	opted by its board of directors or by an or in notified in writing of the change.	THE ST
My	The genm	Christine Gagnon	President
of my duttes, and document is being corporation has	the appointment as registered ager o comply with the provisions of all of I am familiar with and accept the org filed merely to reflect a change of been notified in writing of this change of Service Company	Printed or typed name and title int and agree to act in this capacity, statutes relative to the proper and comp is obligation of my position as registered of in the registered office address, I hereby inge.	lete performanc
By: Draze 2.		04/27/2023	
	nature of Registered Agent	Date	
Grace E. Kirbv.	Asst. Vice President		
	ped or Printed Name		

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