Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	·			·	
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## REGISTERED AGENT CHANGE FAT FISH ONLINE INC

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida				
in orde	r to change its registered office or re	gistered agent, or both, in the State of Florida.				
1. The name of t	the corporation: FAT FISH ONLINE IN	IC				
2. The principal	office address:					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 01/18/2022	Document number: P22000006500				
	d street address of the current register tment of State: (If resigned, enter re-	red agent and registered office on file with the signed)				
	QIU. SILU					
	12864 BISCAYNE BLVD 255					
	NORTH MIAMI, FL 33181					
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office				
	Northwest Registered Agent LLC					
	7901 4th St N STE 300					
	P.	). Box NOT acceptable				
	St. Petersburg FL 33702					
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its registered agent.				
Such change wa authorized by th	is authorized by resolution duly add ne board, or the corporation has bee	pted by its board of directors or by an officer so n notified in writing of the change.				
Still	. 2 HU	SILU QIU - CEO				
l hereby accept l further agree t of my duties, an document is bei	the of an officer or director  the appointment as registered agent to comply with the provisions of all d I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the				
F.N.		08/05/2024				
Sign	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Taylor Newman						
Т	yped or Printed Name					