

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : DICKINSON WRIGHT PLLC  
Account Number : I20190000026  
Phone : (248)205-3227  
Fax Number : (844)670-6009

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
03022022 INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

((H23000402156 3))

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Registered Agent and Change of Corporate Address  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** P22000015990 \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Cohen

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

1314 E. Las Olas Blvd., #1084

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

sr84@att.net

E-mail address: (to be used for future annual report notification) \_\_\_\_\_

For further information concerning this matter, please call:

Bryan Cohen

\_\_\_\_\_  
Name of Contact Person

at ( 954 )

610-9748

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 03022022 Inc.
2. The principal office address: 1314 E. Las Olas Blvd., #1084  
Fort Lauderdale, FL 33301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/02/2022 Document number: P22000015990
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

Mark S. Schecter

101 NE 3rd Ave, Suite 1250

Fort Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Charles D. Brecker, Esq.

Dickinson Wright PLLC

P.O. Box NOT acceptable

350 E. Las Olas Blvd., Suite 1750, Fort Lauderdale, FL 33301

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Bryan Cohen, V

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

  
\_\_\_\_\_  
Signature of Registered Agent

09/22/2023

Date

If signing on behalf of an entity:

CHARLES D. BRECKER  
\_\_\_\_\_  
Typed 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  
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