

P22 0000 32158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

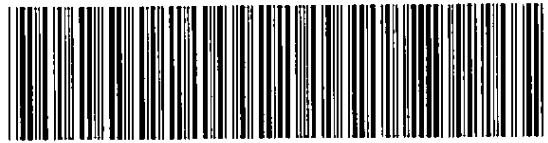
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2023

ZHIGANG XU
150 E. ROBINSON STREET 2301
ORLANDO, FL 32801

SUBJECT: CRYPTOTUBE INC
Ref. Number: P22000032158

We have received your document for CRYPTOTUBE INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 323A00012064

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cryptotube, Inc
Name of Corporation

DOCUMENT NUMBER: _____

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:

ZHIGANG XU
Name of Contact Person
cryptotube Inc
Firm/Company
150 E Robinson St. 2301
Address
Orlando, FL 32801
City/State and Zip Code
cryptotube@yahoo.com
E-mail address: (to be used for future annual report notification)

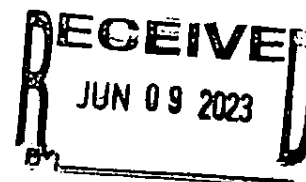
For further information concerning this matter, please call:

ZHIGANG XU at (631) 568-8660
Name of Contact Person 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



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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cryptotube Inc

2. The principal office address: 150 E Robinson Street, Unit 2301
Orlando, FL 32801

3. The mailing address (if different): _____

4. Date of incorporation/qualification: April 13, 2022 Document number: P22000032158

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)
Legalinc corporate service Inc
5237 Summerlin commons
Suite 400, Fort Myers, FL 33907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ZHIGANG XU
150 E Robinson Street, 2301
P.O. Box NOT acceptable
Orlando, FL 32801

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TALLAHASSEE, FL

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] _____
Signature of Director or Officer 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] _____
Signature of Registered Agent 6/6/2023
Date

If signing on behalf of an entity:
ZHIGANG XU
Typed or Printed Name

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