## P22 600 038 826

	. !
(Requestor's Name)	
(Address)	·      <u>    </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

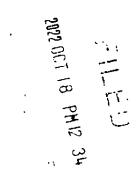




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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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 in order to change its registered office or registered agent, or both, in the State of Florida.
2. The principal office address: 1 torest avenue
0551ning, My 1052e2
3. The mailing address (if different): Ul W Flagar St. Suite 900 MIAM
4. Date of incorporation/qualification: 5 (ce 122 Document number:
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)
Peter Finglas
1922 SW 544 BINL
Fort Laulerdall, Fl 33312 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Peter Finelas
Ula WEST Flagler St. Suite 9000
P.O. Box NOT acceptable
VIIIami, FL 33312
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 of director  Signature of an officer of director  Signature of an officer of director  Signature of an officer of director of the corporation has been notified in writing of the change.  Petter of the change.
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 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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