Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000278700 3)))



H220002787003ABC

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To:

Division of Corporations

Fax Number

: (850)617-6380

Prom:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

3mail	Address:	,			

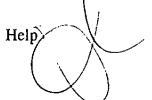
## REGISTERED AGENT CHANGE VELUM INC

Certificate of Status	0
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## **COVER LETTER**

CR2E045 (04/13)

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: VELUM INC			
Name	of Corporation			
DOC	JMENT NUMBER: P22000039461	<u>-</u>		
The er	closed Statement of Change of Registered Offi	ice/Agent and fee	are submitted for filir	ıg.
Please	return all correspondence concerning this matt	er to the followin	ıg:	
LOVE	TTE DOBSON			
Name	of Contact Person			
	LE.COM LLC			
Firm/0	Company	· · · · · · · · · · · · · · · · · · ·		
17350	STATE HWY 249 #220			
Addre	SS			202
HOUS	TON, TEXAS 77064			: <del>2</del>
City/S	tate and Zip Code			; <del>(</del> P
	EFILE1234@INCFILE.COM			😩 မ
E-ma	l address: (to be used for future annual repo	ort notification)		
				<b>三</b>
E 6.		anll.		2022 SEP 30 AH 11: 42
ror iu	rther information concerning this matter, please	can:		£ 5
LOVE	TTE DOBSON	at (	462-3453	
	Name of Contact Person	Area Co	de & Daytime Telepho	ne Number
Enclo	sed is a \$35.00 check made payable to the Depa	urtment of State.		
	Mailing Address: Amendment Section	Street Address Amendment S	ection	
	Division of Corporations	Division of C		
	P.O. Box 6327	The Centre of		
	Tallahassee, FL 32314	Tallahassee, F	roe Street, Suite 810 L 32303	

(((H22000278700 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $(((H22000278700\ 3)))$

<ol> <li>The name of</li> <li>The principal</li> </ol>	the corporation: VELUM INC office address: 1150 NW 72ND AVE TO	WER I STE 455 #6689		
	MIAMI, FL 33126		<del></del>	
_	ddress (if different):			
4. Date of incor	poration/qualification: 05/10/2022	Document number: P2200003946	<u> </u>	
	I street address of the current registered a trment of State: (If resigned, enter resigne		ie	
	JONATHAN PHAM			
	3 ELIAS LN			
	PALM COAST, FL 32164		2022 SEP	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	SEP 30	
	Hannah Gail Olson		335.6	
	3 Elias Ln			
	P.O. Box	NOT acceptable	N	
	Palm Coast, Florida, 32164			
The street addr as changed wil	ess of its registered office and the street be identical.	address of the business office of its rep	gistered agent,	
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	t by its board of directors or by an offi- tified in writing of the change.	cer so	
Sonath	m Cham.	Jonathan Pham - President		
-	ire of an officer or director	Printed or typed name and title		
I further agree of my duties, as document is be	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change.	uies relative to the proper and complet igation of my position as registered ag le registered office address, I hereby co	ient. Or. it this	
Hannal	Lail Olson	08/17/2022		
Si	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	yped 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)

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