## P22000040537

(Requestor's Name)				
(Address)				
(Address)				
(CitylChata (Zia (Dhana H)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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ALLAHASSEE. FLOR

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2023 JUN 13 AM 11: 27

A. RAMSEY JUN 1 4 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	;	12000000195

REFERENCE : 808993 7391412

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: June 9, 2023

ORDER TIME : 8:30 AM

ORDER NO. : 808993-005

CUSTOMER NO: 7391412

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: MEGALABS INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of
	the corporation: MEGALAB	,
		4TH CT., MIAMI, FL 33155
3. The mailing	address (if different): SAME	
4. Date of incor	rporation/qualification: 05/2	24/2022 Document number: P22000040537
	d street address of the current fraction of State: (If resigned	nt registered agent and registered office on file with the . enter resigned)
	NRAI SERVICES, INC.	
	1200 SOUTH PINE ISLA	ND ROAD
	PLANTATION, FL 33324	<u> </u>
6. The name an (if changed):		egistered agent (if changed) and /or registered office
	FABIAN RIVERO	
	4918 SW 74TH COURT	
		P.O. Box NOT acceptable
	MIAMI	FL 33155
The street addr as changed wil	ess of its registered office a l be identical.	and the street address of the business office of its registered agent.
Such change wauthorized by t	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an officer so that been notified in writing of the change.
/s/ Fabian Rivero		Fabian Rivero, President
I hereby accept I furthér agree of my duties, ar document is be	tre of an officer or director  I the appointment as registe  to comply with the provision  I am familiar with and a  ing filed merely to reflect a  s been notified in writing o	Printed or typed name and title ered agent and agree to act in this capacity. ens of all statutes relative to the proper and complete performance eccept the obligation of my position as registered agent. Or, if this change in the registered office address. I hereby confirm that the filis change.
Ву:	/s/ Fabian Rivero	06/09/2023
	gnature of Registered Agent	Date
If signing on be	chalf of an entity:	
Ť	yped 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 CR2E045 (04/13)