To: 1850617/6380 Page 2 0 2 Fax: 8134365206 4/19/2024 09.09:17 L

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	Division of Corporations		~	ТŢ
	Fax Number : (850)617-6380	رد <u>.</u> بسر	61	Ē
From:		10 . 1	-p	
	Account Name : REGISTERED AGENTS INC.	· (/)		-
	Account Number : 120090000081		- <u>-</u>	
	Phone : (307)200-2803	بد • •	N	
	Fax Number : (813)436-5206		ω	

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

Email Address:_____

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

i. The name of the er	orporation: Sistica Inc.				
2. The principal offic	e address:				
3. The mailing addres	ss (if different):				
4. Date of incorporati	ion/qualification: 05/18/22 Document number: P22000042102				
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)					
тот	at of State: (If resigned, enter resigned)				
635	5 NW 36TH ST STE 407				
VIR	GINIA GARDENS, FL 33166				
6. The name and street address of the new registered agent (if changed) and /or registered office					
Reg	stered Agents Inc				

7901 4th St N STE 300

P.O. Box: NOT acceptable

St. Petersburg FL 33702

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.

Jose Manuel arango

Signature of an officer or director

JOSE MANUEL ARANGO
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.

David Adverts

Signature of Registered Agent

4/19/2024

Date

If signing on behalf of an entity:

David Roberts

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 CR2E045 (04/13)