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.

(((H22000365683 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	
-----	--

Division of Corporations

Fax Number

: (850)617-6380

From:

ഗ

 $\sim$ 

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011

: (844)386-0178 Phone

: (214)317-4754

Fax Number

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE TAKEOVER RENTALS, INC

The second secon	عديد المستحد
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



To: 18506176380 From: 14693173436 Date: 10/25/22 Time: 7:17 PM Page: 02/02

***	00365683 3))) Change of registerei	D OFFICE OR REGISTERED AGENT	r or both	 I
Pursuant to the provi statement of change i	sions of sections 607,0502, 617,0 s submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of <u>FL</u> istered agent, or both, in the State of Florid		
1. The name of the co	rporation: Takeover Renuils, Inc. address: 93 Dune Lakes Circle, S	anta Rosa Beach, FL, US, 32459		<u>.</u>
3. The mailing addres	ss (if different):			
4. Date of incorporati	on/qualification: 10/05/2022	Document number: P22000052155		_
5. The name and street		d agent and registered office on file with the		
TAT	TEOVER HOLDINGS INC.			
93 17	OUNE LAKES CIRCLE, 1.304			
SAN	FTA ROSA BEACH, FL 32459		787	Š
6. The name and stree (if changed):	et address of the new registered a	gent (if changed) and /or registered office	27 170 7207	ここうせい
LEC	FALING CORPORATE SERVICES	S INC.	G	i
476	Riverside Ave		S: A	
Jack	sonville, F1, 32202	Box NOT acceptable	φ: 22 α: 72	٥
		ect address of the business office of its regi		
Such change was au authorized by the bo	thorized by resolution duly adop ant, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	# 80	
Signature of a	reflice of director	Type action Cf	<u>D</u>	
I further agree to co of my duties, and I a document is being fi	appointment as registered agent mply with the provisions of all st m familiar with and accept the o led merely to reflect a change in a notified in writing of this chang	alutes relative to the proper that compacte bligation of my position as registered ager the registered office address, I hereby con	performance n. Or if this firm that the	
Signature	of Registered Agent	10/25/2022 Date		
If signing on behalf	of an entity:			
Erik freuden Typed o	Printed Name	(((H220003656	83 3)))	
		FEE: \$35.00 * * * LORIDA DEPAREMENT OF STATE		
MAR, T CR2E045 (04/13)	DIVISION OF CORPORATIONS,	P.O. Box 6327, Tallahassee, Ft. 32314		