P2200061950

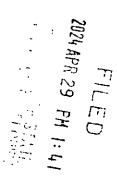
(Requestor's Name)				
(Address)				
(Addiess)				
(Address)				
(Ĉity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Oddiness Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
MAY 13 2024				

Office Use Only



200428668872

04/29/24 -01032--022 **110.00



COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: 3MS CAPITAL GROUP INC of Corporation	
DOCU	JMENT NUMBER: P22000061950	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Andre	w Pierce	
Name	of Contact Person	
CIND	Y'S FLORIDA LLC	
Firm/0	Company	
8051	N. Tamiami Trail STE E6	
Addre	ss	
Saras	ota, Florida, 34243	
City/S	tate and Zip Code	
	reports@cloudpeaklaw.cor	π
E-mai	il address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, p	please call:
Andre	w Pierce	at (307) 683-0983
-	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes rganized under the laws of the State of Florida		
		gistered agent, or both, in the State of Florida.		
1. The name of t	he corporation: 3MS CAPITAL GRO	OUP INC	 	
2. The principal	office address: 8051 N. Tamiami Tra	ail STE E6 Sarasota, Florida, 34243		
3. The mailing a	ddress (if different):		·	
4. Date of incorporation/qualification: 08/04/2022 Document number: P22000061950				
5. The name and		ed agent and registered office on file with the		
	535 Cooper Commerce Dr Ste 335	5		
	Apopka, FL 32703			
6. The name and (if changed);	and street address of the new registered agent (if changed) and /or registered office 8051 N. Tamiami Trail STE E6		2024	
	8051 N. Tamiami Trail STE E6		. AF	
			+ I⊏ 	
	P.O. Box NOT acceptable		਼ ਦਾ	
	Sarasota, Florida, 34243	<u></u>		
The street addre	ss of its registered office and the str be identical.	reet address of the business office of its regist	ered agent,	
Such change wa authorized by th	is authorized by resolution duly add ic board, or the corporation has been	opted by its board of directors or by an officer in notified in writing of the change.	so	
<i>/* 1</i>		Andrew Pierce		
I hereby accept I further agree t of my duties, an document is bei	d I am familiar with and accept the	statutes relative to the proper and complete p obligation of my position as registered agent in the registered office address, I hereby confi	. Or. if this	
	1.11	April 10, 2024		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Andrew Pierce				
T	ped 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)