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REGISTERED AGENT CHANGE ATEN DESIGN GROUP, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H24000086217 3)))

statement of cha	ange is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of <u>Co</u> gistered agent, or both, in the State of Fla	olorado		
	the corporation: ATEN DESIGN GROU				
	office address: 1615 PLATTE ST. SUI				
3. The mailing a	address (if different):				
		Document number: P22000069	842		
	d street address of the current registere rtment of State: (If resigned, enter resigned,	d agent and registered office on file with gned)	i the		
	REGISTERED AGENTS INC.				
	7901 4TH ST N STE 300				
	ST. PETERSBURG, FL 33702		[] 2024 HAR		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	LEGALINC CORPORATE SERVICE	s inc.			
	476 Riverside Ave.		- 5		
	Jacksonville, FL, US, 32202	Box NOT acceptable			
The street addre	ess of its registered office and the stre be identical.	eet address of the business office of its i	registered agent,		
Such change was authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	ited by its board of directors or by an of notified in writing of the change.	fficer so		
Kristi Si	chuster	Kristi Schuster, Director of Operation	ns and HR		
*	re of an officer or director	Fruited or typed name and little			
hereby accept further agree if of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all si id I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. tatutes relative to the proper and comp bligation of my position as registered a the registered office address, I hereby ge.	lete performance agent. Or, if this confirm that the		
Jan	- Moules nature of Registered Agent	2/28/2024			
Sign	nature of Registered Agent	Date			
f signing on be	half of an entity:				
John Moseley					
T	yped or Printed Name				
	• • • FILING	FEE: \$35.00 ^ ^ ^			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314
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