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To: Division of Corporations Fax Number : (850)617-6380 د-سا From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 ONDEV INVESTMENT CORPORATION

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	ige is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statu anized under the laws of the State of <u>FLC</u> istered agent, or both, in the State of Floria	RIDA
1. The name of th	ne corporation: ONDEV INVESTI	MENT CORPORATION	
	office address: 108 SKYLAR LOC		
3. The mailing ad	ldress (if different):		
4. Date of incorporate	oration/qualification: 12/19/2022	Document number:P2200009	3129
	street address of the current registered ment of State: (If resigned, enter resig	I agent and registered office on file with the ned)	e
_	UNITED STATES CORPORA	TION AGENTS, INC.	
	476 RIVERSIDE AVE.		
-	JACKSONVILLE, FL 32202		,
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered office	. 1.
	Registered Agents Inc		 ა
	7901 4th St N STE 300		cā
-	P O. 1	Boy NOT acceptable	
	St. Petersburg, FL 33702		
The street address as changed will be	s of its registered office and the stre be identical.	et address of the business office of its reg	istered agent.
Such change was authorized by the	authorized by resolution duly adopt board, or the corporation has been	ted by its board of directors or by an offic notified in writing of the change.	er so
Elinar Var	ana.	ELINOR VARGAS - F	PRESIDENT
Signature	It an officer or director	Printed or typed name and title	
I further agree to of my duties, and document is bein	l Lam tamiliar with and accept the o	aunes relative to the proper and complete bligation of my position as registered ago the registered office address, I hereby co	mt. Or. v ims
David X	Douts.	04/27/2023	
Sign	sture of Registered Agent	Date	
If signing on beh	alf of an entity:		
	ROBERTS oed 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)