Electronic Filing Cover Sheet

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.

(((H23000325756 3)))



H230003257563ABC0

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:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

**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 ZOOGLE & PARTNERS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu — Corporate Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR CORPORATIONS

Page, 2/2

•	· ·	tion organized under the laws of the State of <mark>Flotida</mark> vor registered agent, or both, in the State of Florida	
. The name of (he corporation: Zoogle and Par	tners Inc.	
2. The principal	office address:		
3. The mailing a	ddress (if different):		
I. Date of incorp	oration/qualification: 02/14/20	23 Document number: P23000013625	
5. The name and		egistered agent and registered office on file with the	
	UNITED STATES CORPORATI	ON AGENTS, INC.	
	5575 S. SEMORAN BLVD. #36		2023
	ORLANDO, FL 32822		2023 SEP 15
5. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered of light (SOC)	-
	Registered Agents Inc	- का स्ट्रा इंग्रहरू	
	7901 4th St N STE 300	171	32
P.O. Box NOF acceptable			
	St. Petersburg FL 33702		
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its regis	tered agent,
Such change wa authorized by th	is authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an officer is been notified in writing of the change.	r 50
Balana 2	Genina	Robin Jones, Incorporator Printed or typed name traditite	

-further agree i of my duties, an locument is bei	'o comply with the provisions d I am familiar with and acce	agent and agree to act in this capacity. of all statutes relative to the proper and complete point the obligation of my position as registered agen- inge in the registered office address. I hereby confishinge.	t. Or, if this
Dalle X	rest.	09/15/2023	
- Sig	nature of Registered Agent	Date	
f signing on be	half of an entity:		
David Roberts			
ľ	ped or Printed Name	<u>—</u>	
	* * * F1	LING FEE: \$35.00 * * *	

CR2E045 (04/13)