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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Chris Capital Corp
2. The principal office address: 7901 4th St N Ste 300
St. Petersburg FL 33702
3. The mailing address (if different): 7901 4th St N Ste 300 St. Petersburg FL 33702
4. Date of incorporation/qualification: 06/26/23 Document number: P23000048488
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LIS, CHRISTOPHER3170 Ocean Shore BlvdOrmond Beach, FL 32176

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc7901 4th St N STE 300P.O. Box NOT acceptableSt. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Christopher LisSignature of an officer or directorChristopher Lis - PresidentPrinted or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David RobertsSignature of Registered Agent07/08/2024Date

If signing on behalf of an entity:

David RobertsTyped 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

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