

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

P23 0000 63955

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
PASSAGE CORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Passage Corporation
Name of Corporation

DOCUMENT NUMBER: P23000063955

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chelsea Chapman

Name of Contact Person

Firm/Company

801 US Highway 1

Address

North Palm Beach, FL 33408

City/State and Zip Code

govdocs@corpcreations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsea Chapman

Name of Contact Person

at (561) 694-8107

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Passage Corporation
2. The principal office address: 315 N CAUSEWAY A202, NEW SMYRNA BEACH, FL 32169
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/05/2023 Document number: P23000063955
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)

UNITED STATES CORPORATION AGENTS, INC.

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

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

Corporate Creations Network Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

Chelsea Chapman
Signature of an officer or director

Chelsea Chapman, Attorney-in-Fact
Printed 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.

Chelsea Chapman
Signature of Registered Agent

1/02/2025

Date

If signing on behalf of an entity:

Chelsea Chapman, Special Secretary

Typed 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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