

P23000070923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

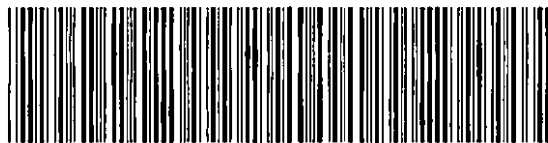
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800438116968

10/21/24--01019--007 **35.00

2024 OCT 21 11:12:23
SECRET

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARH TECHNOLOGY CONSULTANTS INC.
Name of Corporation

DOCUMENT NUMBER: P23000070923

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:

Joshua Hyman

Name of Contact Person

P23000070923

Firm/Company

6622 NW 25th Way

Address

Boca Raton, Florida 33496

City/State and Zip Code

hymanj@gmail.com

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

For further information concerning this matter, please call:

Joshua Hyman

at (914)

403-8983

Name of Contact Person

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

2014 OCT 21
SECRET
2014 OCT 23

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: ARH TECHNOLOGY CONSULTANTS INC.

2. The principal office address: 6622 NW 25th Way, Boca Raton, FL 33496

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/30/2023 Document number: P23000070923

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)

HYMAN, JOSHUA

HYMAN, JOSHUA 840 BROKEN SOUND PARKWAY NW, APT. 108

BOCA RATON, FL 33487

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

HYMAN, JOSHUA

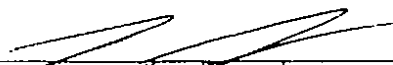
6622 NW 25th WAY

P.O. Box NOT acceptable

BOCA RATON, FL 33496

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.

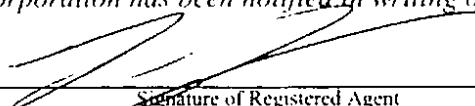


Signature of an officer or director

Joshua Hyman, President

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.



Signature of Registered Agent

10-08-2024

Date

If signing on behalf of an entity:

Joshua Hyman

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

CR2E045 (04/13)