

To:

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2024-04-17 14:17:47 PDT

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From: Kaity Toon

4/17/24, 5:16 PM

P23 0000 30/9/9  
Division of Corporations

Florida Department of State  
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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

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DIVISION OF STATE  
CORPORATIONS, FL

REGISTERED AGENT CHANGE  
SEMPER TRIBUS CAPITAL, INC.

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

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ADMITTED

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Corporate Filing Menu

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**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: SEMPER TRIBUS CAPITAL, INC.

2. The principal office address: 18975 COLLINS AVE #4202, SUNNY ISLES BEACH, FL 33160

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/20/2023 Document number: P23000074919

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)

SHEEHAN, KEVIN, SR  
18975 COLLINS AVE #4202  
SUNNY ISLES BEACH, FL 33160

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

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

P.O. Box NOT acceptable

2024 APR 19 PM 12:05  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
ED

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

*Kathryn McBride*  
Signature of an officer or director

Kathryn McBride, Secretary  
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.*

By: C T Corporation System  
*Natalie Pickens*  
Signature of Registered Agent

4/17/2024  
Date

If signing on behalf of an entity:

Natalie Pickens, Assistant 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 5327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)