Division of Corporations **Electronic Filing Cover Sheet**

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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. **

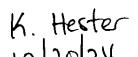
Email Address:

> REGISTERED AGENT CHANGE LUUCKA INC.

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

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Help



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

statement of che	provisions of sections 607,0502, 617,050 inge is submitted for a corporation orga- ir to change its registered office or regist	nized under the laws of the State of	<u> Florida</u>
1. The name of	the corporation: LUUCKA INC	<u> </u>	
	office address:		
	address (if different):		
4. Date of incor	poration/qualification: 01/18/24	Document number: P2400	10005452
	d street address of the current registered a rtment of State: (If resigned, enter resign		vith the
	UNITED STATES CORPO	RATION AGENTS, INC.	<u>. </u>
	476 RIVERSIDE AVE.		
	JACKSONVILLE, FL 32202	2	<u> </u>
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and for registered o	rifice
	Registered Agents Inc		
	7901 4th St N STE 300		
	St. Petersburg FL 33702	N NOT acceptable	_
The street address changed will	ess of its registered office and the street be identical.	address of the business office of	its registered agent.
Such change wa authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by a otified in writing of the change.	n officer so
Petro	vic Dejean	Petrovic Dejean	<u>ब्र</u>
of my duties, an document is bei	the appointment as registered agent are comply with the provisions of all stand lam familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change.	nd agree to act in this capacity, tack relative to the proper and co ligation of my position as register he registered office address, I here	mplete performance I ed agent. On it this was the confirmation the
Deld Rects		12/19/2024	SER PR
	chalf of an entity:	Date	1:29 STATE
David Rob	erts		
Ī	ypod or Printed Name		

* * * FILING FEE: \$35.00 * * *