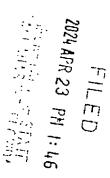


(F	Requestor's Name)		
(<i>F</i>	Address)		
(A	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(E	Business Entity Name)		
([Dacument Number)		
Certified Copies	Certificates of Status		
Special Instructions t	o Filing Officer:		
	J. HORNE MAY - 8 2024		
Office Use Only			



300428383313

04/23/24--01040--006 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: EG PERFORM CORP Name of Corporation DOCUMENT NUMBER: P24000025105 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: **ELENI GIALAS** Name of Contact Person EG PERFORM CORP Firm/Company 8536 SW 107TH AVE, BUILDING 3, APARTMENT A6 Address MIAMI, FLORIDA, 33173 City/State and Zip Code elenigialas@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ELENI GIALAS** Area Code & Davtime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corpor	92, 617.0502, 607.1508, or 617.1508, Florida S ation organized under the laws of the State of _ ce or registered agent, or both, in the State of F	FLORIDA
· —	the corporation: EG PERFOR	2 0	юниа.
2. The principa	office address: 8506 SW 107	TH AVE, BUILDING 3, APARTMENT A6	
MIAMI,FLORIE	NA 22472		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 04/05/2	Document number: P240000	25105
	d street address of the current i rtment of State: (If resigned, e	registered agent and registered office on file wit nter resigned)	th the
	16546 SW 76TH ST		
	MIAMI, FLORIDA , 33193		
6. The name an (if changed):	d street address of the new reg	istered agent (if changed) and /or registered off	2024 APR 23
	8536 SW 107TH AVE		23 23
	BUILDING 3, APARTMENT	A6	PH C
	MIAMI , FLORIDA, 33173	P.O. Box NOT acceptable	- 1 - 1
The street addr as changed wil	ess of its registered office and be identical.	I the street address of the business office of its	registered agent.
Such change wanthorized by t	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an class been notified in writing of the change.	officer so
	El me fra	ELENI GIALAS	
I hereby accept I further agree of my duties, ar document is be	the appointment as registere	Printed or typed name and titled agent and agree to act in this capacity. It is of all statutes relative to the proper and come of the obligation of my position as registered in the registered office address, I herebylis change.	
	Duga	15/05/2024	
If signing on bo	chalf of an entity:	Date	
'	•	ILING 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)