Fax: 8134365206

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to:

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

From;

Account Name : REGISTERED AGENTS INC.

Account Number : 128898000081 Phone : (3871200-2803 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.

Emeil Address:

REGISTERED AGENT CHANGE AY&Z ENTERPRISE, INC

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Florida	his
		registered agent, or both, in the State of Florida.	
	The corporation: AY&Z ENTERPRIS		
2. The principa	d office address:		
3. The mailing	address (if different):		
4. Date of inco	ncorporation/qualification: 05/14/24 Document number: P24000034498		
5. The name ar		tered agent and registered office on file with the	~ 3
	ROBERTS, DAVID		7024
	7901 4TH ST N, STE 300		2024 JUN -6
	ST.PETERSBURG, FL 33702		-6 AT (
6. The name an (if changed):	nd street address of the new registere	ed agent (if changed) and /or registered office.	H 3: 0+
	Registered Agents Inc		
	7901 4th St N STE 300		
	P.O. Box NOT acceptable		
	St. Petersburg FL 33702		
The street addr as changed wil	ress of its registered office and the sale identical.	street address of the business office of its registere	ed agent,
Such change wanthorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	ı
Lat	tonia Young	Latonia Young - President Printed or Typed name and title	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered age to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete perf to obligation of my position as registered agent. C t in the registered office address, I hereby confirm lange.	formance Or, if this that the
Day Bair		06/06/2024	
Sit	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
David Roberts			
	yped or Printed Name		

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