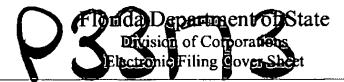
2/28/22, 10:48 AM

Division of Corporations



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(((H22000076062 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

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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REGISTERED AGENT CHANGE GHP1.COM, INC.

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To: 18506176380 From: 14693173436 Date: 02/28/22 Time: 8:50 AM Page: 02/02

(((H22000076062 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of registered agent, or both, in the State of Florida.			
1. The name of t	he corporation: GHPL.COM, INC.				
2. The principal					
4. Date of incorp	oration/qualification: 03/12/1991	Document number: P33173			
	street address of the current regis truent of State: (If resigned, enter	tered agent and registered office on file with the resigned)			
	CT CORPORATION SYSTEM	203			
	1200 SOUTH PINE ISLAND ROA	2027 FEB			
	PLANTATION, FL 33324	25			
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office			
	LEGALINC CORPORATE SERV	ICES INC.			
	BLVD, SUITE 400				
	P.O Box NOT acceptable				
	FORT MYERS, FL, US, 33907				
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,			
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.			
10mm	an-	Dominique Arrieta, PRESIDENT			
Signatu	e of an officer or director	Printed or typed name and title			
I further agree i of my duties, an document is bei	o comply with the provisions of a	ent and agree to act in this capacity. ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.			
X	m	02/22/2022			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
ANNA MANUK	YAN	(((H22000076062 3))			
	yped or Frunted Name	•			

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