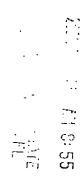
## 1970000 3834

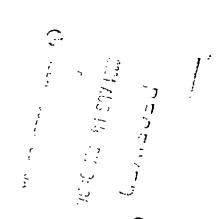
(Re	questor's Name)	
(Ad	dracs	
(Au	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ви	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filin	ng Officer:	

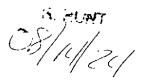
Office Use Only



900434692709









To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/14/24 Order #: 1583366-1

Re: EUPEN CABLE USA, INC. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Let and

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\dot{\gamma}$ FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, nge is submitted for a corporati r to change its registered office (	on organized under the i	laws of the State of Flo	rida	
1. The name of t	he corporation: EUPEN CABLE	USA, INC.			
	office address: 5181 110TH AV		ATER, FL 33760		
_	ddress (if different):				
4. Date of incorp	ooration/qualification: 01/14/19	97 Documer	t number: <u>P97000003</u>	8834	
	I street address of the current reg tment of State: (If resigned, ento		ered office on file with t	he	
	C T CORPORATION SYSTE	М			
	1200 SOUTH PINE ISLAND F	ROAD		23	
	PLANTATION, FL 33324		·		
6. The name and (if changed):	street address of the new regist	ered agent (if changed) a	and /or registered office	<u> </u>	
	Corporation Service Company	<i>†</i>		<u> </u>	
	1201 Hays Street			6: 55	
	P.O. Box NOT acceptable				
	Tallahassee, FL 32301	F	L 32301		
The street addre	ess of its registered office and the identical.	ne street address of the	ousiness office of its re	gistered agent.	
Such change wa authorized by th	es authorized by resolution duly be board, or the corporation has	adopted by its board o been notified in writing	f directors or by an off g of the change.	icer so	
/s/ Diana Panayotova		Diana Panayo	Diana Panayotova, Controller		
Signature of an officer or director		Pr	Printed or typed name and title		
corporation has	the appointment as registered of comply with the provisions of all am familiar with and acceping filed merely to reflect a charbeen notified in writing of this a Service Company	agent and agree to act if fall statutes relative to t the obligation of my p nge in the registered off change.	n this capacity, the proper and comple osition as registered as ice address, I hereby c	ete performance gent. Or, if this onfirm that the	
By: I In	nature of Registered Agent	8/14/2024	Date		
If signing on be	half of an entity:				
	Asst. Vice President	_			
		ING 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)