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will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 \*\*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 BRIAN A. CARLSON, CPA, P.A. Certificate of Status 0 0 Certified Copy 02 Page Count Estimated Charge \$35.00

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

statement of che	unge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of r registered agent, or both, in the State of Fla	···	
1. The name of	the corporation: Brian A. Carls	on, CPA, P.A.		
2. The principal	office address:			
4. Date of incor	poration/qualification: 12/08/19	97 Document number: P970001	103812	
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with resigned)	1 the	
	CARLSON, BRIAN A			
	7901 4th St. N.Ste. 30	0	IVI. UOBS	2022 APR 26
	St. Petersburg, FL 337		L AA	PR 2
6. The name and street address of the new registere (if changed):		red agent (if changed) and /or registered offic	RY OF S	6 AM 10: 33
	Northwest Registered	Agent LLC	FLAT	 ယ ယ
	7901 4th St N STE 300		1 1 1	
P.O. Box NOT acceptable				
	St. Petersburg FL 337	02		
The street addr as changed wil	ess of its registered office and the l be identical.	e street address of the business office of its	registered	agent,
Such change wanthorized by t	as authorized by resolution duly the board, or the corporation has b	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so	
Brian Carlson		Brian Carlson, Director		
I hereby accep I further agree of my duties, a document is be	are of an officer or director t the appointment as registered as to comply with the provisions of and I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby		mance if this hat the
Ton Glove		4/26/22		
Signature of Registered Agent		Date		
If signing on be	chalf of an entity:			
Tom Glove		_		
•	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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