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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (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.\*\*

Email	Address:		
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## REGISTERED AGENT CHANGE BEIGHLEY, MYRICK & UDELL & LYNNE, P.A.

Certificate of Status	0
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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 or	0502, 607,1508, or 617,1508, Florida Stati ganized under the laws of the State of <mark>Floti</mark> gistered agent, or both, in the State of Flor,	da	his		
1. The name of	the corporation: BEIGHLEY, MYRICK,	UDELL & LYNNE, P.A.				
3. The mailing	address (if different):					
4. Date of incor	poration/qualification: 04/03/98	Document number: P9800003171	.7			
	d street address of the current registere rument of State: (If resigned, enter resigned)	ed agent and registered office on file with the gued)	he			
	MYRICK, EDWARD LJR.					
	1255 W ATLANTIC BLVD STE 314					
	POMPANO BEACH, FL 33069					
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):		; '.	2024 JUN 25			
	Registered Agents Inc			25		
	7901 4th St N STE 300		' 1			
		Box NOT acceptable	,	PM II:		
	St. Petersburg FL 33702			8		
The street address changed will	ess of its registered office and the stre be identical.	cet address of the business office of its re	gister	ed agent,		
Such change w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	oted by its board of directors or by an offi- notified in writing of the change.	cer so	)		
Edward	Myrick	Edward Myrick - Director Printed or typed name and title				
of my duties, ar document is be	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and comple obligation of my position as registered ag the registered office address, I hereby ca ge.	te per ent. ( onfirn	formance Or, if this n that the		
Dividi Peters		06/25/2024				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
David Roberts						
Т	yped or Printed Name	UUU. C72 00 * * *				

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