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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:	
LINGIL	TOMICAL.	

## REGISTERED AGENT CHANGE CHERRY HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

J. HORNE

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

statement of cha	mge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statu rganized under the laws of the State of egistered agent, or both, in the State of Florid					
1. The name of	the corporation: Cherry Holdings	, Inc.					
	. The principal office address:						
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification: 05/12/99	Document number: P99000043	3023				
5. The name and		red agent and registered office on file with th					
	Kurtz, John						
	1280 N. Congress Ave SUITE 107						
	West Palm Beach, FL 33409						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Registered Agents Inc.		2022 APR 19 SECRETAR TALLAHASS				
	7901 4th St N STE 300	O. Box NOT acceptable	A A A A A A A A A A A A A A A A A A A				
	St. Petersburg FL 33702		STA FLO				
			9.5				
		treet address of the business office of its reg					
Such change wauthorized by t	as authorized by resolution duly ad he board, or the corporation has been	opted by its board of directors or by an officen notified in writing of the change.	er so				
Sam	Stathis	Sam Stathis, President					
I hereby accep I further agree of my duties, a document is be	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 is been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complet e obligation of my position as registered ag in the registered office address, I hereby co	e performance ent. Or, if this onfirm that the				
Beether		4/19/22					
Si	gnature of Registered Agent	Date					
If signing on b	chalf of an entity:						
Bill Havre	Total As District Name						
	Typed or Printed Name						

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