(R	Requestor's Name)	
(A	ddress)	
(A	address)	
(C	City/State/Zip/Phone #	(f)
PICK-UP	MAIT	MAIL
(E	Business Entity Name)
(0	Ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	

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2023 JAN 25 PH 12: 1,4

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A. BUILER JAN 2 6 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 409990 4348220					
AUTHORIZATION: CAMBOLERAN					
COST LIMIT : \$35.00					
ORDER DATE : January 25, 2023					
ORDER TIME : 2:31 PM					
ORDER NO. : 409990-015					
CUSTOMER NO: 4348220					
CHANGE OF AGENT					
NAME ATOMATI DALBER CDA D A					
NAME: MICHAEL BALTER, CPA, P.A.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
AA FMAIN SIAMPED COPI					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

Amendment Section Division of Corporations

COVER LETTER

TO:

SUBJECT: Michael Balter, CPA, P.A. Name of Corporation	
DOCUMENT NUMBER: P22000068136	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Steven Berger	
Name of Contact Person	
Vedder Price	
Firm/Company	
1633 Broadway, 31st Floor	
Address	
New York, NY 10019	
City/State and Zip Code	
sberger@vedderprice.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Steven Berger	at (212) 407-7714 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Sion organized under the laws of the State of $\frac{F}{F}$ or registered agent, or both, in the State of Fl	lorida	this	_
1. The name of t	the corporation: Michael Balter, C	CPA, P.A.			
2. The principal	office address: c/o Marcum S Co	orp Legal, 10 Melville Park Road, Melville, N	IY 117	47	
3. The mailing a	iddress (if different):			_	
4. Date of incorp	poration/qualification: 9/1/2022	Document number: P220000	38136		
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with resigned)	h the		
	Michael Balter				
	3466 Del Mar Avenue			2023 JAN 25	
	Davie, FL 33328		,	H.V.	
6. The name and street address of the new registered agent (if changed) and /or registered official (if changed):		ce _	25 PH I2: 44	4.4	
	Corporation Service Company		: - : : : : : : : : : : : : : : : :	.;:	
	1201 Hays Street		111	+	
		P.O. Box NOT acceptable			
	Tallahassee	FL 32301			
		adopted by its board of directors or by an obeen notified in writing of the change.			ent.
- Aci	dead Batter	Michael Balter	Presid	dent	
I hereby accept I further agree to of my duties, an document is bei corporation has Corporation	to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this Service Company	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and compute the obligation of my position as registered age in the registered office address. I hereby change.		erforme Or, if m that	anc thi. the
رب. ∨ _{را}	LLUNA ONWO mature of Registered Agent	01/25/2023			
_	half of an entity:	Date			
T ₁	yped or Printed Name	_			
·-		INC EEE ALCOLUL			

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