F010000004941

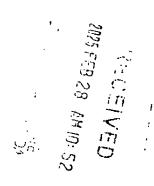
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
MAR - 3 2025					

Office Use Only



400445366504

FILED 2025 FEE 28 PH 4: 16



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95		
	REFERENCE	:	018893	8431145		
	AUTHORIZATION	:	لم	•		
	COST LIMIT		\$ 35.0	and allers		
	February 27, 202		U			
ORDER TIME :	9:58 AM					
ORDER NO. :	018893-035					
CUSTOMER NO:	8431145					
CHANGE OF AGENT						
NAME:	WESTWOOD PROF SERVICES, INC		IONAL			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbolt						

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corp	9502, 617,0502, 607,1508, or 617,1508, Florida Storation organized under the laws of the State of $\frac{1}{2}$	-X			
1. The name of t	he corporation. WESTWO	OD PROFESSIONAL SERVICES, INC.				
2. The principal	office address:2805 NOF	RTH DALLAS PARKWAY SUITE 150 PLANO, T	X 75093			
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 09/27/2007 Document number: F07000004941						
	I street address of the current tment of State: (If resigned	nt registered agent and registered office on file wit . enter resigned)	h the			
	C T CORPORATION SY	STEM				
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL 33324				
6. The name and (if changed):	Street address of the new r	registered agent (if changed) and /or registered offi	2025 FEB 2			
	1201 Hays Street		a) [
	Tallahassee	PO Box NOT acceptable FL 32301				
The street addre as changed will	ess of its registered office a be identical.	and the street address of the business office of its	registered egent.			
Such change wa authorized by th	is authorized by resolution te board, or the corporation	nduly adopted by its board of directors or by an on has been notified in writing of the change.	officer so			
/s/Patricia Zac	harie	Patricia Zacharie	Secretary			
I hereby accept I further agree t of my duties, an document is beil corporation has Corporation	the appointment as registed to comply with the provision of a large to comply with the provision of a large to the provision of the provision	Printed or typed name and till ered agent and agree to act in this capacity, ons of all statutes relative to the proper and compecept the obligation of my position as registered change in the registered office address. I hereby f this change. 02/27/2025				
By: L J Mar	nature of Registered Agent	Date	- 			
If signing on be	half of an entity:					
	Asst Vice President ped or Printed Name	* FILING FFF+ \$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)
018893