

F 1000000658

Florida Department of State
 Division of Corporations
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 STATE OF FLORIDA
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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 Phone : (954)208-0845
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**REGISTERED AGENT CHANGE
 CRAWFORD INVESTMENT COUNSEL, INC.**

Certificate of Status	0
Certified Copy	1
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Crawford Investment Counsel, Inc.
2. The principal office address: 600 GALLERIA PKWY SE, STE 1650, Atlanta, GA 30339
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/09/2010 Document number: F10000000658
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

A. Kirchner
822 Hwy A1A North, Suite 310
Ponte Vedra, FL 32082

- 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: Tony Rivera, CPA - Chief Financial Officer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Candice Piganaturo, Assistant Secretary
Signature of Registered Agent: Candice Piganaturo
Date: 01/10/2023

If signing on behalf of an entity:
Candice Piganaturo, Assistant Secretary
Type or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR21045 04/13