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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 952<u>9</u>03 AUTHORIZATION COST LIMIT : ORDER DATE : August 11, 2021 ORDER TIME : 9:35 AM ORDER NO. : 952903-024 CUSTOMER NO: 8279525 CHANGE OF AGENT NAME: BLACKROCK CAPITAL MANAGEMENT, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of DE ered agent, or both, in the State of Florida	
1. The name of t	he corporation: BLACKROCK CAPITAL	MANAGEMENT, INC.	
	office address: arkway Wilmington, DE 19809		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/28/2010	Document number: F1000000570	00
	I street address of the current registered a tment of State: (If resigned, enter resigned	gent and registered office on file with the ed)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		-,
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	· -
	Corporation Service Company		
	1201 Hays Street		-:-!
		NO l'acceptable	اری
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the street be identical.	address of the business office of its regi	stered agent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	I by its board of directors or by an office tified in writing of the change.	tr so
X_{\cdot}	2. 2 COM.	Jill Cilmi, Vice President	
ng atu	e of an-officer or director	Printed or typed name and title	
I furthe r agf ee i of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change in Service Company	utes relative to the proper and complete igation of my position as registered agen e registered office address, I hereby con	performance it. Or, if this firm that the
By: Dro	r. r. Kubi.	08/12/2021	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
<u> </u>	Asst. Vice President		
Ty	ped or Printed Name		
	* * * FILING FI	EE: \$35.00 * * *	

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