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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Alexxis Weiland

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 959975 8390430 AUTHORIZATION COST LIMIT ORDER DATE: September 16, 2022 ORDER TIME : 9:31 AM ORDER NO. : 959975-203 CUSTOMER NO: 8390430 CHANGE OF AGENT NAME: HC2 STATION GROUP, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY 1 PLAIN STAMPED COPY

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 orga	02, 607.1508, or 617.1508, Florida Stat mized under the laws of the State of De	elaware	
	-	tered agent, or both, in the State of Flor	ida.	
1. The name of t	he corporation: HC2 STATION GROU	P, INC.	<del></del>	
2. The principal	office address: 295 Madison Avenue,	12th Floor, New York, NY 10017	<del></del>	
3. The mailing a	ddress (if different):			
4. Date of incorp	prporation/qualification: 02/12/2018 Document number: F18000000710			
5. The name and		agent and registered office on file with t	he	
	United Agent Group Inc.			
	801 US Highway 1	<u> </u>		
	North Palm Beach, FL 33408			
6. The name and (if changed):	I street address of the new registered ago	ent (if changed) and /or registered office	2022 SEP SECRET	
	Corporation Service Company		22 15.87 15.55	
	1201 Hays Street		公司至	
	P.O. Box NOT acceptable			
	Tallahassee	FL 32301	6.	
		et address of the business office of its re		
Such change wa	is authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an off otified in writing of the change.	icer so	
$X_{i}$	e 2 aoni	Jill Cilmi, Vice President		
/ / /	re of an officer or director	Printed or typed name and title		
i juriner agree i of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang n Service Company	nd agree to act in this capacity, stutes relative to the proper and comple sligation of my position as registered a the registered office address, I hereby o e.	ete performance gent. Or, if this confirm that the	
By:	in the	09/16/2022		
Sig:	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Ami M. Casper	, Asst. Vice President			
T.	yped 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
CR2E045 (04/13)