12000005403

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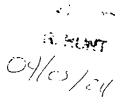


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 378828 6 8442856
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE: March 26, 2024
ORDER TIME : 3:59 PM
ORDER NO. : 378828-043
CUSTOMER NO: 8442856
် <u>က</u>
CHANGE OF AGENT
NAME: HUMAN INTEREST INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Miller
EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0302, 617.0 inge is submitted for a corporation org ir to change its registered office or reg	ganized under the law	vs of the Sta	ute of _DE	. IIIS
1. The name of t	the corporation: HUMAN INTEREST	INC.			
2. The principal	office address:				
	address (if different):	<u>. </u>			
	poration/qualification: 12/03/2020	Document r	number: F2	20000005403	
5. The name and	I street address of the current registere tment of State: (If resigned, enter resigned)	d agent and registere			
	LEGALINC CORPORATE SERVIC	ES INC			
	476 RIVERSIDE AVE				
	JACKSONVILLE	FL	32202		
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and	l /or registe	red office	, 3 , 2 , 2
	Corporation Service Company				
	1201 Hays Street				Fig.
	P.O	Box NOT acceptable		 ,	\odot
	Tallahassee	FL	32301		00
The street address changed will	ess of its registered office and the stre be identical.	eet address of the bu	siness offic	e of its regist	ered agent.
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	oted by its board of d notified in writing o	lirectors or of the chang	by an officer ge.	so
/S/ Jill Cilmi		J	Jill Cilmi,	Vice Preside	nt
Signatu	re of an officer or director	Printe	ed or typed nan	ne and title	
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in been notified in writing of this chan n Service Company	tatutes relative to the obligation of my posi o the registered office	this capacit e proper an ition as req e address. I	tv. id complete p istered agent I hereby confi	erformance Or, if this rm that the
By: X)nace	nature of Registered Agent	04/03/2024	Date		
If signing on be	half of an entity:				
	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
CSC 378828-43