P14000036126

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE :						
AUTHORIZATION :						
COST LIMIT : \$35.00						
ORDER DATE : 10/01/2025						
ORDER TIME :						
ORDER NO. : CUSTOMER NO:						
CUSTOMER NO:						
CHANGE OF AGENT						
NAME:						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY						
CONTACT PERSON:						
EXAMINER'S INITIALS:						

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

statement of cha	provisions of sections 607,0502, 615 inge is submitted for a corporation c r to change its registered office or r	organized under the laws	of the State of F	<u>L</u>	
1. The name of t	he corporation: FRP HOLDINGS, If	NC.			
	office address: 200 WEST FORSY		OR JACKSONVIL	LE, FL 32202	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 04/22/2014	Document nu	mber: P140000	36126	
	I street address of the current registe tment of State: (If resigned, enter re		office on file with	n the	
	Milton, John D, Jr.				
	2025 (15.47)				
	JACKSONVILLE	FL	32202	CI .	
200 WEST FORSYTH STREET, 7TH FLOOR JACKSONVILLE FL 32202 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street					
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the s be identical.	treet address of the busi	ness office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of dir en notified in writing of	rectors or by an o the change.	fficer so	
/S/ MATTH	EW C MCNULTY	MATTHEW C MC	NULTY	CEO	
Signatui	re of an officer or director	Printed	or typed name and title		
I further agrée t of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all a lam familiar with and accept the filed merely to reflect a change to been notified in writing of this changers.	statutes relative to the cooling of the cooling of the position of my position the registered office of	is capacity. proper and comp on as registered; address, I hereby	plete performance agent. Or, if this confirm that the	
By: /S/ Grac	ace E. Kirby 09/18/2025				
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby -	Asst. Vice President				
Ty	yped or Printed Name				
	* * * FILIN	G 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)