561705

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE SEP - 4 2025			

Office Use Only



400456570184



2025 SEP -3 AH II: 13

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 09/03/25 Order #: 4334412-11

Re: DAVID PLUMMER & ASSOCIATES, INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	, inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Sta in organized under the laws of th <mark>e</mark> State of <u>Fl</u> ir registered agent, or both, in the State of Flo	
1. The name of t	the corporation: DAVID PLUMME	R & ASSOCIATES, INC.	
2. The principal	office address: 1750 PONCE DE	LEON BLVD. CORAL GABLES, FL 33134	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/27/197	Document number: 567705	
5. The name and		stered agent and registered office on file with	the
	Registered Agents Inc		
	7901 4th St N Ste 300		207
	St. Petersburg	FL 33702	025 SE:
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered offic	e ပို့
	Corporation Service Company		
	1201 Hays Street		·
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an of been notified in writing of the change.	fficer so
/S/ Carl Shaw		Carl Shaw	Executive VP
Signature of an officer or director		Printed or typed name and title	
I further agree : of my duties, an document is bei corporation has	to comply with the provisions of ad I am familiar with and accept	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered age in the registered office address, I hereby change.	lete performance agent. Or, if this confirm that the
By: /S/ Grace E. Kirby		09/02/2025	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	- Asst. Vice President	_	
Ţ	'yped or Printed Name		
	* * * FII.I	ING 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/t3)