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## **CT CORP**

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Da	Acc#120160000072
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Name:	Hill, Harper and Paredes, P.A.
Document #:	
Order #:	15787556
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
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Availability  Document  Examiner  Updater  Verifier  Ref#	Amount: \$ 35.00

Thank you!

By:

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida	<u> </u>		
1. The name of t	he corporation: Hill, Harper and I	Paredes, P.A.			
		, Suite 101, Tallahassee FL 32308			
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification: 11/08/1978	Document number: 592634			
	I street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)			
	Robert A. Pierce	TĂLI	2024		
	123 South Calhoun Street	LAHASSI	F   L   2024 JUL 26		
	Tallahassee FL 32301-1517	SS SE TO SE	. 6 I		
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	AH 9: 40		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, Florida 33324	P.O. Box NOT acceptable			
The street addre	ess of its registered office and the be identical.	e street address of the business office of its regis	stered agent.		
Such change wa	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so		
anthony Milonas		Anthony Milonas, Vice President and Sec	cretary		
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this	Printed or typed name and title igent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered ageinge in the registered office address, I hereby conchange.	performance n. Or, if this firm that the		
C T Corporation	System Lonna Cuddihy	07/26/2024			
Sig	donna Cuddihy nature of Registered Agent	Date			
If signing on be	half of an entity:				
Madonna Cuddi	hyt, Assistant Secretary				
T	yped or Printed Name	<del></del>			

\* \* \* FILING FEE: \$35.00 \* \* \*