68838

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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MIRRASSIO

THE SHIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 342524 8325468							
AUTHORIZATION: Spelle Rear							
COST LIMIT : \$ 35,00							
ORDER DATE: December 21, 2021							
ORDER TIME : 10:11 AM							
ORDER NO. : 342524-001							
CUSTOMER NO: 8325468							
CHANGE OF AGENT							
NAME: NED DAVIS RESEARCH, INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							

EXAMINER:

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

statement of cha	mge is submitted	ions 607.0502, 617.0. for a corpor <mark>ation</mark> orga gistered offic <mark>e</mark> or regi	anized under the lav	ws of the State of _	Florida
1. The name of t	the corporation: N	ED DAVIS RESEAR	CH, INC.		
		2520 NORTH TAMIA		IS FLORIDA 342	75
3. The mailing a	ddress (if differe	nt):			
		tion: 09/24/1980			
5. The name and	l street address of	the current registered f resigned, enter resig	agent and registere		
	Frohn, Brian				
	600 BIRD BAY	DR. WEST			2021 D
	VENICE		FL.	34285	EC 2
6. The name and (if changed):	l street address of	the new registered ag	ent (if changed) and	d /or registered of	fice -
	Corporation Se	rvice Company			
	1201 Hays Stre	et			* *
		P.O. E	Sox NOT acceptable		_
	Tallahassee		FL	32301	_
-		ed office and the stree			
authorized by th	ne board, or the c	resolution duly adopt orporation has been r	otified in writing o	of the change.	officer so
V	reject / Pre-		Vaishali Patel		Secretary
I hereby accept I further agree t of my duties, an document is bei corporation has	o comply with th d I am familiar v ng filed merely to	as registered agent of the provisions of all stoyed with and accept the old preflect a change in whiting of this chang	und agree to act in l atutes relative to th bligation of my posi the registered office	e proper and con ition as registered	aplete performance d agent. Or, if this
	nature of Registered A	gent		Date	
If signing on be	half of an entity:				
Grace E. Kirby, .	Asst. Vice Presid	lent			
	ped or Printed Name				

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