Division of Corporations Electronic Filing Cover Sheet

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(((H24000218550 3)))



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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

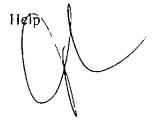
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Electronic Filing Menu

Corporate Filing Menu



Fax Audit # H24000218550 3

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

statement of change is sub	nnitted_	for a corporation orga	102, 607.1508, or 617.1508, Florida Statutes, this anizad under the laws of the State of Florida stered agent, or both, in the State of Florida.	·
The name of the corporation:				
2. The principal office add	hess:	712 Fifth Avenue 12th	Floor, New York, New York 10019	
4. Date of incorporation/q	ualifica	tion: 11/2/1971	Document number: 721995	
Plorida Department of	State: (I	the current registored fresigned, enter resign ATION SYSTEM	agent and registered office on file with the ned)	2024 JUN 25
1200 S	OUTHI	PINE ISLAND ROAD	· //	
		1 101 22224		PM II:
6. The name and street ad (if changed):	dress of		ent (if changed) and for registered office	
Busine	ss Filing	s Incorporated		
		e Island Road		
		rida 33324	ox NOT acceptable	
as changed will be idebb	cai.	ed office and the stree	address of the business office of its registered	lagent,
Such change was authoriauthorized by the board.	zed Jy or ole o	resolution duly adopte oryogation has been n	ed by its board of directors or by an officer so- notified in writing of the change.	
1/-	/_		Barry L Bloom, Treasurer	
ignature of an office	र ल गार्		Printed or typed name and title	
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed a cornoration has been no	ntigent with the willor's resolve tified in	as registered agent a se provisions of all sta with and accept the ob o reflect a change in t writing of this chang	md agree to act in this capacity. Mutes relative to the proper and complete perfo bligation of my position as registered agent. Of the registered office address, I hereby confirm t e.	rmance r if this that the
(A)-A-			June 18, 2024	
Signature of Re	zistered A	Serx	Date	
If signing on behalf of m	entity:	:		
Chris Das, AVP				
Typed or Prim	ed Name			
		* * * FILING F	EE: \$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)