## 840462

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 981202 8354233 AUTHORIZATION :( COST LIMIT ORDER DATE : August 31, 2021 ORDER TIME : 10:59 AM ORDER NO. : 981202-012 CUSTOMER NO: 8354233 CHANGE OF AGENT NAME: CROWN CORR INC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statute. ation organized under the laws of the State of <mark>IN</mark> ce or registered agent, or both, in the State of Florida		
	he corporation: CROWN COP	, and the second	•	
	office address: 7100 W. 21st			
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 04/17/	1978 Document number: 840462		
	street address of the current of State: (If resigned, e	registered agent and registered office on file with the inter resigned)		
	CT CORPORATION SYST	ЕМ		
	1200 SOUTH PINE ISLANI	D RD		
	PLANTATION, FL 33324	SEC	2021	
6. The name and (if changed):	street address of the new reg	gistered agent (if changed) and /or registered office	2021 SEP -3	Section 1
	Corporation Service Compa	any SOC	MΛ	j ()
	1201 Hays Street		င်း ငှာ	1
		P.O. Box NOT acceptable	7	
	Tallahassee	FL 32301		
as changed will	be identical.	the street address of the business office of its regis		agent.
Such change wa authorized by the	s authorized by resolution di e board, or the corporation h	uly adopted by its board of directors or by an officer has been notified in writing of the change.	· so	
	Zin E Cienie	Jill Cilmi, Vice President		
I hereby accept I further agree t of my duties, an document is bein corporation has	e of the difficer of director  the appointment as registere o comply with the provisions of I am familiar with and acc- ing filed merely to reflect a cl- been notified in writing of the Service Company	Printed or typed name and title of agent and agree to act in this capacity. s of all statutes relative to the proper and complete pept the obligation of my position as registered agent hange in the registered office address. I hereby conf his change.	verfori t. Or irm th	mance if this at the
By: X)na	c. Cokubi.	09/03/2021		
	nalf of an entity:	Date		- <del></del>
	Asst. Vice President ped or Printed Name	<u> </u>		

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