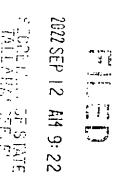
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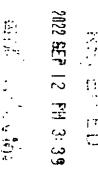
				
	(Requ	iestor's Name)		
	(Addr	ess)		
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	(Čeuls	State/Zip/Phone	#\	
	CityA	state/Zip/Filone	#)	
PICK-U	Р	WAIT		MAIL
	(Busir	ness Entity Nam	e)	
	(Docu	ment Number)		
	(Boca	mene ivalilizery		
ertified Copies		Certificates	of Status	
Special Instructions	to Filing	Officer;	· -	

Office Use Only



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A. BUTLER SEP 13 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 931620 7772046							
AUTHORIZATION :							
COST LIMIT : \$ 35.00 Mag							
·····							
ORDER DATE : September 8, 2022							
ORDER TIME : 1:46 PM							
ORDER NO. : 931620-067							
CUSTOMER NO: 7772046							
CHANGE OF AGENT							
NAME: MARITZ HOLDINGS INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY 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 chai	provisions of sections 607.0502, 617. The is submitted for a corporation or To change its registered office or re	ganized under the law	s of the Stat	e of MIS	SOUR				
	he corporation: MARITZ HOLDINGS								
2. The principal	office address: 1375 NORTH HIGHV	VAY DRIVE FENTON	. МО 63099						
3. The mailing a	ddress (if different):								
4. Date of incorp	oration/qualification: 10/09/1980	Document n	umber: <u>84</u>	7163					
	street address of the current registere tment of State: (If resigned, enter resigned)	-	d office on fi	ile with th	e				
	CT CORPORATION SYSTEM								
	1200 S. PINE ISLAND ROAD			<u> </u>	2022 SEP	noind			
	PLANTATION	FL	33324)—[:- 	ĘP	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office								
	Corporation Service Company				9: 22				
	1201 Hays Street								
	P.O. Box NOT acceptable								
	Tallahassee	FL	32301						
The street addre as changed will	ss of its registered office and the str be identical.	eet address of the bus	siness office	of its reg	jisterec	l agent.			
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has beer	pted by its board of d i notified in writing o	irectors or b f the change	y an offic E.	er so				
X_{i}	e 2 aqui	Jill Cilmi, Vice President							
Signatur	e of an officer or director	Printe	d or typed name	and title					
I further agree to of my duties, and document is being corporation has	the appointment as registered agent to comply with the provisions of all: I I am familiar with and accept the tig filed merely to reflect a change it been notified in writing of this chan Service Company	statutes relative to the obligation of my posi 1 the registered office	his capacity proper and tion as regi. address, T	l complete stered age hereby co	e perfo mt. O. nfirm (rmance r, if this that the			
By: Yr	ace C-Kinbly ature of Registered Agent	09/09/2022 Date							
•			17410						
If signing on bel	nair or an entity:								
	Asst. Vice President								
Ty	ped or Printed Name	PPP 035 00 4 4 1							
	* * * FILING	FEE: \$35.00 * * *							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)