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TALL ANALOGE TONALLS

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JUN 3 0 2022 S. PRATHEF CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 773494 8381366					
AUTHORIZATION: Smells de mar					
COST LIMIT : \$ 35.00					
ORDER DATE : June 27, 2022					
ORDER TIME : 1:50 PM					
ORDER NO. : 773494-006					
CUSTOMER NO: 8381366					
CHANGE OF AGENT					
NAME: LEPPARD JOHNSON & ASSOCIATES, P.C.					
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	provisions of sections 607.0502. (nge is submitted for a corporatio r to change its registered office o	n organized under the law	vs of the State of GEOF	RGIA	
1. The name of t	he corporation: LEPPARD JOHN	ISON & ASSOCIATES, F	P.C.		
	office address:T				
3. The mailing a	ddress (if different):				
4. Date of incorp	orporation/qualification: 06/19/2000 Document number: F00000003452				
	street address of the current regitment of State: (If resigned, enter	•	d office on file with the		
	NRAI SERVICES, INC			 1	
	1200 South Pine Island Road			2022 J SELA ALLA	
	Plantation	FL	33324	SAHAS SAHAS SANDE	
6. The name and street address of the new registered agent (if changed) and /or register (if changed):				29 AH 9: SKE UF STA SKEE, FLOR	
	Corporation Service Company 1201 Hays Street				
	P.O. Box NOT acceptable Tallahassee FL 32301				
_	ss of its registered office and the be identical. s authorized by resolution duly e board, or the corporation has be				
Xie	$Q \cap C \cap C$	Jill Cilmi, Vice P			
I heleby occept I further agree t of my duties, and document is bein corporation has	c of an officer or director the appointment as registered a o comply with the provisions of d I am familiar with and accept in filed merely to reflect a chan been notified in writing of this of Service Company	gent and agree to act in t all statutes relative to the the obligation of my posi ge in the registered office	d or typed name and title this capacity, e proper and complete tion as registered agen e address, I hereby con	performance nt. Or, if this firm that the	
By: <u> </u>	ace Yakubi.	06/29/2022			
_	nalf of an entity:		Date		
Grace E. Kirbv. A	Asst. Vice President				
	ped or Printed Name	_			

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