## F000000000000019

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



800427533378

CECKE TALK

2024 DAY 17 7 TO 10: 05

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 457194 8448232

AUTHORIZATION (

COST LIMIT // \$, 35.00

ORDER DATE : May 3, 2024

ORDER TIME : 12:45 PM

ORDER NO. : 457194-006

CUSTOMER NO: 8448232

## CHANGE OF AGENT

NAME: MERRICK & COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

| statement of cha   | provisions of sections 607.0502, 617.0<br>nge is submitted for a corporation org   | ganized under the laws of the State of   | CO   |  |
|--|--|--|--|--|
| in orde  | r to change its registered office or reg   | istered agent, or both, in the State of t  | Florida.   |  |
| 1. The name of t   | he corporation: MERRICK & COMPA  | NY   |  |  |
| 2. The principal   | office address:  |  |  |  |
| 5970 Greenwoo  | od Plaza Blvd. Greenwood Village, C  | O 80111  |  |  |
| 3. The mailing a   | ddress (if different):   |  |  |  |
| 4. Date of incorporation/qualification: 07/18/2000 Document number: F00000004019   |  |  |  |  |
|  | I street address of the current registere tment of State: (If resigned, enter resigned)  |  | ith the  |  |
|  | C T CORPORATION SYSTEM   |  |  |  |
|  | 1200 SOUTH PINE ISLAND ROAD  |  |  |  |
|  | PLANTATION   | FL 33324   | fice   |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company |  |  |  |  |
|  | 1201 Hays Street   |  |  |  |
|  | P.O Box NOT acceptable   |  |  |  |
|  | Tallahassee  | FL 32301   | _  |  |
| The street addre   | ss of its registered office and the stre<br>be identical.  | eet address of the business office of it   | ts registered agent.   |  |
| Such change wa<br>authorized by th   | s authorized by resolution duly adop<br>the board, or the corporation has been   | ted by its board of directors or by an notified in writing of the change.  | officer so   |  |
| /S/ Jill Cilmi   |  | Jill Cilmi, Vice P   | resident   |  |
| Signatur   | e of an officer or director  | Printed or typed name and to   | ile  |  |
| I further agree to of my duties, and document is being corporation has   | the appointment as registered agent o comply with the provisions of all sid I am familiar with and accept the ang filed merely to reflect a change in been notified in writing of this chang Service Company | tatutes relative to the proper and con<br>obligation of my position as registere<br>the registered office address. I herei | aplete performance<br>dagent. Or, if this<br>by confirm that the |  |
| By: Drace  |  | 05/14/2024   |  |  |
| Sigi   | nature of Registered Agent   | Date   |  |  |
| If signing on be   | half of an entity:   |  |  |  |
|  | Asst. Vice President   |  |  |  |
| Ty   | ped or Printed Name  | DDD 036.00 + + +   |  |  |
|  | * * * 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)
457194-6