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Division of Corporations

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From:

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Account Number : I20100000062
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Fax Number : (888)706-7274

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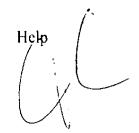
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REGISTERED AGENT CHANGE MADISON SERVICES, INC.

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COVER LETTER

TO: Amendment Section **Division of Corporations** Madison Services, Inc. Name of Corporation F01000001543 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo at (888) 705-7274 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.05 unge is submitted for a corpo er to change its registered off	ration organized	l under the la	ws of the State of	Mississippi	
	the corporation: Madison			on, at the shale of t	1 107 11111.	
	office address: 2068 MAI			1639		
MADISO	N, MS 39130-1639	·				
_	address (if different):			·		
4. Date of incorp	poration/qualification: 3/19	/2001	_ Document	_{number:} <u>F0100</u>	0001543	
The name and Florida Depart	d street address of the current rtment of State: (If resigned, e	registered agen enter resigned)	t and register	ed office on file w	ith the	
	CORPORATION	SERVICE	E COMP	ANY		
	1201 HAYS STREET		-		-	
	TALLAHASSEE		FL	32301	-	2024 JUL
The name and street address of the new registered agent (if changed) and /or registered of (if changed): Registered Agent Solutions, Inc. 2894 Remington Green Ln. Ste. A						18 AH 8:
	Tallahassee	P.O. Box NO FL	T acceptable 32308	Q		5,1
Such change wa authorized by th	ess of its registered office an be identical. as authorized by resolution d he board, or the corporation					gent,
s/ John W		Jol	nn W Lang		President	
I hereby accept I further agree t of my duties, an locument is bei	the appointment as registers the appointment as registers to comply with the provision d I am familiar with and acc ng filed merely to reflect a c been notified in writing of t	s of all statutes rept the obligat hange in the re	ree to act in	ed or typed name and it this capacity, e proper and con ition as registere, e address, I herel		nance if this it the
Ma	الله روم	C	7/18/2024	,		
Sign	nature of Registered Agent			Date		
f signing on be	half of an entity:					
·····	r, Assistant Secretary					
Ту	yped or Printed Name *** F	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)