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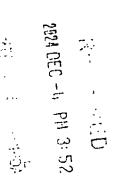
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	(Business Entity Name)	
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Certified Copies	Certificates of Status	
Special Instructions to	Hiting Officer:	1
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Office Use Only



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2024 DEC -4 PH 4: 07 SECRETATION OF STATE



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

Pursuant to the provisions of sec statement of change is submitted in order to change its re		ed under the law	s of the State of Dela	aware
1. The name of the corporation:				
The name of the corporation. The principal office address: 2	355 W. Chandler Bouleva	ard, Chandler, A	AZ 85224	
3. The mailing address (if differe				
4. Date of incorporation/qualification	ation: 01/16/2002	Document n	umber: <u>F020000002</u>	263
5. The name and street address o Florida Department of State: (d office on file with th	ae
C T Corporation	on System			
1200 South Pi	ne Island Road			s 2
Plantation		FL	33324	024 DI ECRE
6. The name and street address o (if changed):	f the new registered agent ((if changed) and	I /or registered office	SECRETANY (
Corporation Se	ervice Company			PH L
1201 Hays Str	eet			H: OT
	P.O. Box N	IOT acceptable		: 11
Tallahassee		FL	32301	
The street address of its register as changed will be identical.	ed office and the street ad	ldress of the bu	siness office of its rep	gistered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopted b corporation has been notif	by its board of direction of the control of the con	lirectors or by an offi of the change.	cer so
/s/ Alan Davis		Alan Davis, Secretary		
Signature of an officer or dire	ctor	Printe	ed or typed name and title	
I hereby accept the appointmen I further agree to comply with t of my duties, and I am familiar document is being filed merely corporation has been notified in Corporation Service Cor	with and accept the obligo to reflect a change in the r n writing of this change.	agree to act in the second in	this capacity. e proper and comple ition as registered ag e address, I hereby co	te performance ent. Or, if this onfirm that the
By: Cein Lei	V .	12/04/2024		
Signature of Registered	igent		Date	
If signing on behalf of an entity	•			
Ami M. Casper, Asst. Vice Pres				

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

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