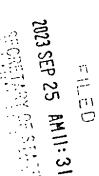
F020000004046

	(Requestor's Name)						
	(Address)						
	,						
(Address)							
	(City/State/Zip/Phone #)						
	(,,						
PICK-UF	P WAIT	MAIL					
	(Business Entity Name)	-					
	(Business Entity Name)						
(Document Number)							
Certified Conies	Certificates of S	Status					
Special Instructions to Filing Officer:							
	J DENKLO						
(-2 4) 222							
	SEP 2 3 2023						

Office Use Only



800416136498





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

.

statement of cha	nge is submitte	ections 607.0502, 617.05 d for a corporation orga registered office or regis	mized under the la	ws of the State of _	New York
The name of the corporation: THE WIDEWATERS GROUP, INC. The principal office address: 5845 Widewaters Parkway, Suite 100, East Syracuse, NY 1					13057
3. The mailing a	ddress (if differ	rent):			
4. Date of incorp	oration/qualific	cation: 08/08/2002	Document	number: <u>F020000</u>	004046
5. The name and	street address	of the current registered (If resigned, enter resign		ed office on file wi	th the
	C T Corporat	ion System			_
	1200 South P	rine Island Road			2023
	Plantation, Fl	_ 33324			端留工
6. The name and (if changed):	street address	of the new registered ago	ent (if changed) an	d /or registered off	25 MII: 3
	Corporation S	Service Company			
	1201 Hays St	reet		_	- 1 <u>1 </u>
P.O. Box NOT acceptable					
	Tallahassee		FL	32301	-
		ered office and the stree			
Such change wa author(ze) by th	is authorized by	y resolution duly adopte corporation has been n	ed by its board of o otified in writing	directors or by an of the change.	officer so
χ_{i} u	. 2 G	2 mil	Jill Cilmi, Vice	President	
Signatur	e of an officer or di	rector	Print	ted or typed name and til	ile
of my duties, and document is being corporation has	o comply with d I am familian ng filed merely	nt as registered agent a the provisions of all sta r with and accept the ob to reflect a change in t in writing of this change Impany	ligation of my pos he registered offic	this capacity, te proper and com tition as registered te address, I hereb	aplete performance I agent. Or, if this ny confirm that the
By:	· M &	eil	09/25/2023		
Sigr	nature of Registered	Agent		Date	
If signing on bel	half of an entit	y:			
Ami M. Casper	, Asst. Vice Pro	esident			
	ped or Printed Nam				

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