Foa000004163

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE: 927002 4324392

AUTHORIZATION

COST LIMIT : \$5-35-00 Red

ORDER DATE: August 9, 2023

ORDER TIME : 9:26 AM

ORDER NO. : 927002-092

CUSTOMER NO: 4324392

CHANGE OF AGENT

NAME: T. ROWE PRICE RETIREMENT PLAN

SERVICES, INC.

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	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State of $_^{N}$ registered agent, or both, in the State of Fla	/laryland	
1. The name of	the corporation: T. ROWE PRICE	RETIREMENT PLAN SERVICES, INC.		
2. The principal	office address: 100 East Pratt Str	eet, Baltimore, MD 21202-1009	_	
3. The mailing a	address (if different): 100 East Pro	att Street, Attn: CFA, OM-2170, Baltimore,	MD 21	1202-1009
4. Date of incorporation/qualification: 08/16/2002 Document number: F02000004163				
	d street address of the current registrement of State: (If resigned, enter it	tered agent and registered office on file with resigned)	ı the	
	C T Corporation System			. 25
	1200 South Pine Island Road			2923 AUG 22 ;
	Plantation	FL 33324		85 10 10
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			e .	PH 2:
	Corporation Service Company		• • • •	03
	1201 Hays Street			
		P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
_		street address of the business office of its		
Such change wa author zed by th	as authorized by resolution duly and board, or the corporation has be	dopted by its board of directors or by an ol een notified in writing of the change.	fficer so)
\\\\\	LE GOME	Jill Cilmi, Vice President		
I hereby accept I further agree to of my duties, an document is beil corporation has	ia zamnju unih ika pravislans at a	Printed or typed name and little ent and agree to act in this capacity. Ill statutes relative to the proper and comp he obligation of my position as registered of e in the registered office address, I hereby hange.	lete ner	formance Or, if this n that the
By: Cei	mley	08/22/2023		
•	nature of Registered Agent half of an entity:	Date		
	, Asst. Vice President			
	yped or Printed Name			

* * * 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)