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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	120000000	195
	REFERENCE	:	951202	8347176
	AUTHORIZATION	:	Sprettel	enden
	COST LIMIT	:	\$ ³ 5~00	· · · <u>-</u>
ORDER DATE :	August 10, 2021			
ORDER TIME :	2:25 PM			
ORDER NO. :	951202-008			
CUSTOMER NO:	8347176			

CHANGE OF AGENT

NAME: A.C. ROMAN & ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XXX
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>NEW YORK</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A.C. ROMAN & ASSOCIATES, INC.

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2. The principal office address: 1350 RXR Plaza West Tower Uniondale, NY 11556

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/07/2002 Document number: F02000005616

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

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155 Office Plaza Drive, 1st Fl			JAR AU	U
Tallahassee	FL	32301	SS 2×0	72

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The name and street address of the new registered agent (if changed):

Corporation Service Company	
1201 Hays Street	
p	O Box NOT acceptable
Tallahassee	FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

A	Anthony Roman	President
grature of an officer or director	Printed or typed name and title	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Date

Cor	potation Service_Company	08/09/2021
Bv:	poration Service Company	

Signature of Registered Agent

If signing on behalf of an entity:

Grace E. Kirby, Asst Vice President

Typed 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)