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Office Use Only



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, HR15023

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

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ACCOUNT NO. : I2000000195						
REFERENCE : 611399 7709418						
AUTHORIZATION :						
COST LIMIT : \$ 35.00						
ORDER DATE: March 24, 2023						
ORDER TIME : 8:51 AM						
ORDER NO. : 611399-107						
CUSTOMER NO: 7709418						
CHANGE OF AGENT						
NAME: GHD SERVICES INC.						
NAME. GRD 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	provisions of sections unge is submitted for a er to change its registe	a corporation organ	nized under the law	vs of the State of	Delawai	
1. The name of	the corporation: GHE	SERVICES INC.				
2. The principal	office address: 2055	Niagara Falls Bou	levard, Suite #3,	Niagara Falls, N`	Y 14304	
_	address (if different):					
4. Date of incor	poration/qualification	:10/16/2003	Document n	umber: <u>F03000</u>	005291	
	d street address of the rtment of State: (If res			d office on file w	ith the	
	United Agent Group	p Inc.		<u> </u>	_	
	801 US Highway 1					2
	North Palm Beach		FL	33408	_ <u>::</u>	023 A
6. The name and (if changed):	I street address of the	new registered agei	nt (if changed) and	for registered of	fice	023 APR - 4
	Corporation Service	e Company			_	AH :
	1201 Hays Street				- 	9: 0:
P.O Box NOT acceptable						
	Tallahassee		FL_	32301	-	
	ess of its registered of be identical.					
Such change wa authorized by th	as authorized by reso ne board, or the corpo	lution duly adopted oration has been no	by its board of di tifted in writing o	irectors or by an f the change.	officer so	•
\\\\\	e Z. WQn	u	Jill Cilmi, Vice I			
I hereby accept I further agree to of my duties, an document is hei corporation has	the appointment as r to comply with the pr d I am familiar with ng filed merely to ref been notified in writ n Service Compai	registered agent and ovisions of all state and accept the obli- lect a change in the ling of this change.		d or typed name and til his capacity. I proper and com tion as registered address, I hereb		formance Or if this n that the
By: Cei	mlei	,	04/04/2023		_	
	nature of Registered Agent			Date		
If signing on be	half of an entity:					
<u>-</u>	, Asst. Vice Presiden	<u></u>				
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* * * FILING FEE: \$35.00 * * *