F0300006068

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EGRETARY OF LOW PARASSEE, FLOW

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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE : August 11, 2021 ORDER TIME : 9:36 AM ORDER NO. : 952903-036 CUSTOMER NO: 8279525 CHANGE OF AGENT NAME: BLACKROCK CORPORATION US INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX_____ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ to change its registered office or registe	ized under the laws of th	e State of <u>CA</u>	
1. The name of t	he corporation: BLACKROCK CORPOR	ATION US INC.		
	office address: eet San Fransico, CA 94105			
3. The mailing ac	ddress (if different);			
4. Date of incorporation/qualification: 12/08/2003		Document number: F03000006068		
	street address of the current registered a tment of State: (If resigned, enter resigne		e on file with the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company				
	1201 Hays Street		7859 PH	
P.O. Box NOT acceptable				
	Tallahassee	FL 3230	1 平 三	
The street addre as changed will	ss of its registered office and the street be identical.	address of the business	office of its registered agent.	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	by its board of director titled in writing of the c	s or by an officer so hange.	
X	de E GONE	Jill Cilmi, Vice Preside	nt	
Signatur	e of an officer of director	Printed or type	ed name and title	
I further agree 1 of my duties, and document is bein corporation has	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	ates relative to the propi gation of my position a: e registered office addre	er ond complete performance -	
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
If signing on bel	nature of Registered Agent	D	ate	
Grace E. Kirby, A	Asst. Vice President ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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