## FUY 060000655

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	Office Use Or	









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

	ACCOUNT NO.	:	12000000195			
	REFERENCE	:				
	AUTHORIZATION	:	Synellice man	)		
	COST LIMIT	:	\$ 35.00		20	
					22	
ORDER DATE :	December 7, 2022				2021 DEC	1 ] 1 - 1 1 - 1 1 - 1
ORDER TIME :	1:46 PM				15	199
ORDER NO. :	186339-174			,	6 MJ	3
CUSTOMER NO:	8394762			•	9: 40	
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## CHANGE OF AGENT

NAME: COOK MARAN & ASSOCIATES, INC,

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXX\_\_\_\_\_PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

1. The name of the corporation: COOK MARAN & ASSOCIATES, INC.

2. The principal office address: \_\_\_\_\_\_

3. The mailing address (if different): 3000 EXECUTIVE PARKWAY SUITE 325	5 SAN RAMON.	CA 94583
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- 4. Date of incorporation/qualification: 01/27/2004 Document number: F0400000655
- 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)

	NRAI SERVICES, INC.				
	1200 SOUTH PINE ISLAND ROAD			_	
	PLANTATION	FL 33324		2022	
6. The name and (if changed):	d street address of the new registered agent (if c	hanged) and /or registered offic	e _	DEC 15	1 1 - , - ,
	Corporation Service Company		• •	лм	
	1201 Hays Street			9: 40	
	P O Box NOT a	cceptable		0	
	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.

Xie & GOnie	Jill Cilmi	Vice President
Signature of an officer or director	Printed or typ	bed 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. Corporation Service Company

	nporation connec compe
By:	Dince 7-Kuble Signature of Registered Agent
	Signature of Registered Agent

12/13/2022

Date

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)