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A. BUTLER AUG - 3 2022 CORPORATION SERVICE COMPANY

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

Į	ACCOUNT NO.	:	1200000019	95			
	REFERENCE	:	844225	5030388			
rua	CHORIZATION	:	Land a	7			
	COST LIMIT	:	\$ 35 00	il of the state of			
			<i></i>				
ORDER DATE : July	29, 2022						
ORDER TIME : 2:53	B PM						
ORDER NO. : 84422	25-002						
CUSTOMER NO: 50	30388						
	·						
CHANGE OF AGENT							
NAME: CHAS. E. RUE & SON 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	nge is s		17.0502, 607.1508, or 617. organized under the laws registered agent, or both, i	of the State of <u>1</u>	NJ	-
1. The name of t	he corn	oration: CHAS. E. RUE &	SON, INC.			
2. The principal	office a	ddress: 3812 QUAKERBR	IDGE ROAD HAMILTON,	NJ 08619		_
3. The mailing a	ddress (if different):				<u>-</u>
4. Date of incorp	xoration	/qualification: _09/08/2004	Document nui	nber: <u>F040000</u>	005154	
		address of the current regist f State: (If resigned, enter r	tered agent and registered (resigned)	office on file wit	th the	
	COGE	ENCY GLOBAL INC.				
	115 N	ORTH CALHOUN ST., ST	E 4		2022 AUG SECRET	aregue)
	TALL	AHASSEE	FL (32301) [
6. The name and (if changed):		address of the new registere	ed agent (if changed) and /c	or registered offi	-2 PM 6: 2	
	1201 H	Hays Street			m –	
			P.O. Box. NOT acceptable		•	
	Tallah	assee	FL 3	32301	-	
The street addre as changed will	ss of its be iden	registered office and the tical.	street address of the busin	ness office of its	s registered ager	ıt,
Such change wa autho(iz)d by th	s autho e board	rized by resolution duly a l, or the corporation has be	dopted by its board of dire een notified in writing of t	ectors or by an othe change.	officer so	
Xiel	ع	agni	Jill Cilmi		Vice Presiden	it
I hereby accept I further agree t of my duties, an document is bein corporation has	the app o comp d I am j ng filed been n	nointment as registered ag ly with the provisions of a familiar with and accept the merely to reflect a chang otified in writing of this chice Company	ent and agree to act in thi Il statutes relative to the p he obligation of my position of in the registered office a	or typed name and till is capacity, proper and com on as registered address, I hereb		ice his he
By: Y	Λ n a `	detuble	08/02/2022			
Signing on bel		an entity:		Date	-	-
Grace E. Kirby, A		•				
		nted 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 * * *