Fosoo	5006356				
(Requestor's Name) (Address) (Address)	100374551761				
(City/State/Zip/Phone #)	70716 T 25 AN ID: 25 ENV T STATE				
Certified Copies Certificates of Status	2021 OCT 26 PH 3: 50				
Office Use Only	Y SULKER Oct 272021				

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

			ACCOUNT NO.	:	I2000000	0195	
			REFERENCE	:	154975	8359352	
			AUTHORIZATION	:	Lack	7	
			COST LIMIT	:	\$/35.00	Lenan	
ORDER	DATE	:	October 21, 2021				
ORDER	TIME	:	1:42 PM				

- ORDER NO. : 154975-008
- CUSTOMER NO: 8359352

CHANGE OF AGENT

NAME: TTL ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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 OH in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TTL ASSOCIATES, INC.

2. The principal office address: 1915 N. 12TH ST TOLEDO, OH 43604

- 3. The mailing address (if different): ____
- Document number: F05000006356 4. Date of incorporation/qualification: 10/31/2005
- 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)

CAPITOL CORPORATE SERVICES, INC.

515 EAST PARK AVENUE 2ND FL

TALLAHASSEE

32301 FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1201 Hays Street		11	1
P.(· (45304 V F	
Tallahassee	FL 32301	 26	1
uddress of its registered office and the st will be identical.			- F-1

10/25/2021

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.

Jill Cilmi, Vice President

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. Corporation Service Company

Droce C. Kubi By: Signature of Registered Agent

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)