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, ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 97,8048,

8096084

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : August 27, 2021

ORDER TIME : 2:43 PM

ORDER NO. : 978048-009

CUSTOMER NO: 8096084

CHANGE OF AGENT

NAME: ALLENTECH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of PA or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: ALLENTECH, I	NC.
2. The principal	office address: 6350 HEDGEW	OOD DRIVE SUITE 100, ALLENTOWN, PA 18106
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 11/14/20	05 Document number: F05000006571
	d street address of the current represent of State: (If resigned, ent-	gistered agent and registered office on file with the er resigned)
	FLORIDA FILING & SEARCH	SERVICES, INC.
	155 OFFICE PLAZA DR. SUI	TE A SEP
	TALLAHASSEE, FL 32301	
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) and /or registered office
	Corporation Service Compan	<u>y</u>
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
_		he street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.
	Que e Comi	Jill Cilmi, Vice President
I hereby accept I further agree t of my duties, an document is bei corporation has	the amnointment as registered	Printed or typed name and title agent and agree to act in this capacity, f all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.
, D	ne tokubi	09/02/2021
Sigi	nature of Registered Agent	Date
If signing on be	half of an entity:	
Grace E. Kirby,	Asst. Vice President	
Ty	yped or Printed Name	

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