(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(,
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
LICONE
J. HORNE
APR 10 2025

Office Use Only



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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna Godbolt@cscglobal.com

Ext: x61563 Date: 04/15/25 Order #: 1934568-4

Re: WILEY & WILSON, INC. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office of	n organized under the law	vs of the State of $_$	/A	
1. The name of t	he corporation: WILEY & WILSC	N, INC.			
2. The principal	office address: DE DRIVE LYNCHBURG, VA 2				
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification: 07/28/200	6 Document r	number: <u>F0600000</u>	4988 	
	street address of the current regi- tment of State: (If resigned, enter	~ ~	d office on file with	the	
	COGENCY GLOBAL INC.				
	115 North Calhoun St. Suite 4				
	Tallahassee	FL	32301	2025	
6. The name and (if changed):	street address of the new register	red agent (if changed) and	l/or registered offic		
	Corporation Service Company			三王	
	1201 Hays Street			AH 10: 34	
		P.O. Box NOT acceptable		-	
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the be identical.	e street address of the bu	siness office of its	registered agent,	
Such change wa authorized by th	is authorized by resolution duly be board, or the corporation has l	adopted by its board of docen notified in writing o	lirectors or by an ol of the change.	fficer so	
/S/ Jacquelyn D. Mosby		Jacquelyn D. M	Jacquelyn D. Mosby, Authorized Person		
Signatur	e of an officer or director	Printi	ed or typed name and title		
I further agree to of my duties, an document is being corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this a Servi∞e Company	all statutes relative to the the obligation of my pos- we in the registered office	this capacity. e proper and comp ition as registered a e address, I hereby	lete performance agent. Or, if this confirm that the	
By: Drace	· Z-Kubl	04/15/2025			
_	nature of Registered Agent		Date		
ii signing on be	half of an entity:				
	Asst. Vice President	_			
12	•	NG 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) COA-255202