F0000005911

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phoле #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer. |
| Special instructions to 1 ming Officer. |
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Office Use Only



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2024 HAY -8 AH 9: 41

RECEIVED
2024HAY-8 AHII: 16



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|----------|--|--|--|--|--|
| REFERENCE : 437808 7626105 | | | | | | |
| AUTHORIZATION : | | | | | | |
| COST LIMIT : \$ 35.00 | | | | | | |
| ORDER DATE: April 26, 2024 | | | | | | |
| - | | | | | | |
| ORDER TIME : 9:29 AM | | | | | | |
| ORDER NO. : 437807-003 | | | | | | |
| CUSTOMER NO: 7526105 | | | | | | |
| | <i>-</i> | | | | | |
| CHANGE OF AGENT | | | | | | |
| NAME: CABRERA SERVICES INC. | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| CONTACT PERSON: Shauna Godbolt | | | | | | |
| EXAMINER'S INITIALS: | | | | | | |

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

| statement of cha | provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis | nized under the laws | of the State | of CT | | <u>s</u> |
|---|--|---|---|--------------------------------------|----------------------------|-----------------------------------|
| 1. The name of t | he corporation: CABRERA SERVICES | 1 INC. | | | | |
| 2. The principal | | · | | | | |
| 3. The mailing a | ddress (if different): | | | | | |
| 4. Date of incorp | Date of incorporation/qualification: 09/13/2006 Document number: F06000005911 | | | | | |
| | street address of the current registered timent of State: (If resigned, enter resign | - | office on fi | le with the | ! | |
| | CT CORPORATION SYSTEM | | | | | |
| | C/O CT CORPORATION SYSTEM 1 | 200 SOUTH PINE I | SLAND RO | DAD: | 2024 HAY | eografiant. |
| | PLANTATION | FL | 33324 | .: := | 724 ~∀ I | a rancos A rancos |
| 6. The name and (if changed): | street address of the new registered ago | ent (if changed) and / | or registere | _ <u>`</u> -1. | 8 A: | |
| | Corporation Service Company | | | | 9: 42 | |
| | 1201 Hays Street | | | • • • | • | |
| | | ox NOT acceptable | <u>- · · · · · · · · · · · · · · · · · · ·</u> | | | |
| | Tallahassee | FL : | 32301 | | | |
| The street addre as changed will | ss of its registered office and the stree be identical. | t address of the busin | ness office | of its regi | stered | l agent. |
| Such change wa authorized by th | is authorized by resolution duly adopte the board, or the corporation has been n | d by its board of dir otified in writing of | ectors or by the change | y an office | er so | |
| /S/ Heidi Nakai | shi | Heidi Nakais | shi, Autho | orized Pers | son | |
| Signatur | e of an officer or director | Printed | or typed name | and title | | |
| l further agrée t of my duties, an document is bei corporation has | the appointment as registered agent as ocomply with the provisions of all stated I am familiar with and accept the oboing filed merely to reflect a change in the been notified in writing of this change in Service Company | tutes relative to the p ligation of my position he registered office of | is capacity proper and on as regis address, I l. | complete tered ager tereby con | perfo ni. Oi nfirm i | ormance r, if this that the |
| By: Diaca | C-Kuby | 0 | 04/23/2024 | | | |
| Sign | nature of Registered Agent | | Date | | | |
| lf signing on bel | half of an entity: | | | | | |
| <u>·</u> | Asst. Vice President | | | | | |
| Ty | ped or Printed Name | | | | | |
| | * * * FILING F | EE: \$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)
CSC 437807-3