## F0600005932

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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2023 APR -4 AH 8: 57



C/ 4/6/2023

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195				
REFERENCE : 611399 7709418				
AUTHORIZATION : SAKINGERAN				
COST LIMIT : \$ 35.00				
ORDER DATE: March 24, 2023				
ORDER TIME : 8:50 AM				
ORDER NO. : 611399-063				
CUSTOMER NO: 7709418				
CHANGE OF AGENT				
NAME: GHD INC.				
FORCED DBA: GHD CONSULTING INC.				
GID CONSULTING 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	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	nized under the laws of the	State of California		
<ol> <li>The name of</li> <li>The principal</li> </ol>	the corporation: GHD CONSULTING IN office address: 4747 N. 22nd Street, Su	IC. ite 200, Phoenix, AZ 850	16		
3. The mailing a	address (if different): PO Box 44210, Ph	oenix, AZ 85064-4210			
	poration/qualification: 09/14/2006	Document number:	F06000005932		
5. The name and	I street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office od)	~ `		
	United Agent Group Inc.		023 /		
	801 US Highway 1		2023 APR -4		
	North Palm Beach	FL 33408	•		
6. The name and (if changed):	street address of the new registered ager  Corporation Service Company	at (if changed) and /or regi:	AH 8: 57		
	1201 Hays Street		<del></del>		
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the street a be identical.	address of the business of	fice of its registered agent,		
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors of the cha	or by an officer so inge.		
Xie	e E agnie	Jill Cilmi, Vice Presiden			
	e of an officer or director	Printed or typed r			
corporation nas	the appointment as registered agent and o comply with the provisions of all state of a line of all state of a line of the object of the office	l agree to act in this capa ites relative to the proper gation of my position as r registered office address	city, and complete performance egistered agent. Or, if this s, I hereby confirm that the		
BV: CRI	mlei	04/04/2023			
Sign	nature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
	, Asst. Vice President				
īy	ped or Printed Name	r. cze na + + +			
* * * 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)