(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE: 881079 8375971		
AUTHORIZATION : Symbol Hor		
COST LIMIT : \$ 35.00		
ORDER DATE : August 12, 2022		
ORDER TIME : 2:08 PM		
ORDER NO. : 881079-017		
CUSTOMER NO: 8375971		
CHANGE OF AGENT		
NAME: JOSEPH B. FAY CO.		
NAME: UOSEPH B. PAI CO.		
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	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this onized under the laws of the State of FL stered agent, or both, in the State of Florida.	
1. The name of t	the corporation: JOSEPH B. FAY CO.		
2. The principal			
1 Allegheny Sq	uare, Nova Tower One Ste. 301 PITT	SBURGH, PA 15212	
3. The mailing a	address (if different):		_
4. Date of incorp	poration/qualification: 10/17/2006	Document number: F06000006584	_
	d street address of the current registered timent of State: (If resigned, enter resigned)	agent and registered office on file with the ned)	
	CT CORPORATION SYSTEM	S. B.	·
	1200 S. PINE ISLAND RD.	PLANG RECIPLE	·T
	PLANTATION	FL 33324 75	,
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	Ö
	Corporation Service Company		, B
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
		et address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been r	ted by its board of directors or by an officer so notified in writing of the change.	
•	re ovan officer or opector	Kevin Rihn, CFO / Vincent Acri Se	cretary
I hereby accept I further agree to of my duties, and document is bei corporation	the appointment as registered agent of the comply with the provisions of all stand I am familiar with and accept the of the filed merely to reflect a change in a been notified in writing of this change in Service Company	and agree to act in this capacity. atutes relative to the proper and complete performanc bligation of my position as registered agent. Or, if thi the registered office address, I hereby confirm that the se.	e s
Bk Irac	nature of Registered Agent	08/11/2022 Date	
If signing on bc	half of an entity:		
	Asst. Vice President sped or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)

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