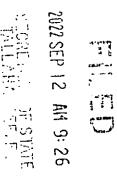
## FC700002141

•	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiness Littly Hame)
•	(Document Number)
Certified Copies	Certificates of Status
Γ	
Special Instructions to	o Filing Officer:
<u></u>	

Office Use Only



700394371357



7022 SEP 12 PM 3:39

A. BUTLER SEP 1 3 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

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

ACCOUNT 1	10. :	I20000001	.95			
REFERE	NCE :	931620	7772046			
AUTHORIZAT	ON :	Smellow	· ,			
COST LIN	HIT :	\$ 3500	e ween			
ORDER DATE : September 8,	2022					
ORDER TIME : 1:46 PM						
ORDER NO. : 931620-121						
CUSTOMER NO: 7772046						
<u>CHANGE OF AGENT</u>						
NAME: MARITZ MOT	CIVATIO	N INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
	EXAMII	NER'S INITI	ALS:			

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

statement of cha	provisions of sections 607.0502, age is submitted for a corporation to change its registered office o	on organized under the law	rs of the State	e of MISS	SOURI				
	he corporation: MARITZ MOTIV			J					
2. The principal	office address: 1375 NORTH HIG	GHWAY DRIVE FENTON	I, MO 63099	1					
3. The mailing a	ddress (if different):								
4. Date of incorp	ncorporation/qualification: 04/20/2007 Document number: F07000002147								
	street address of the current regiment of State: (If resigned, enter		d office on fi	le with the	2				
	C T CORPORATION SYSTEM	М							
	1200 SOUTH PINE ISLAND R	ROAD		<u> </u>	202 <b>2</b> SEP	44 15.13			
	PLANTATION	FL	33324	)-A	<del>J.E.b</del>				
6. The name and (if changed):	street address of the new registe		l /or registere		12 AM 9:				
	Corporation Service Company				26				
	1201 Hays Street								
	P.O. Box NOT acceptable  Tallahassee FL 32301								
The street addre as changed will	ss of its registered office and the	e street address of the bus	siness office	of its reg	istered	agent.			
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of dibeen notified in writing o	irectors or b f the change	y an offic	er so				
Xie	Jill Cilmi Vice President								
I hereby accept a I further agree to of my duties, and document is bein corporation has	the appointment as registered as comply with the provisions of a lam familiar with and accept to reflect a chan been notified in writing of this	igent and agree to act in t fall statutes relative to the the obligation of my posi- ige in the registered office	d or typed name his capacity e proper and tion as regis e address, 1 h		e perfoi int. Oi infirm t	rmance , if this hat the			
By: X)	Service Company	09/09/2022							
Sign	ature of Registered Agent	_	Date						
If signing on bel	nair of an entity:								
	Asst. Vice President ped 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 \* \* \*