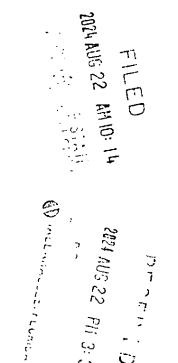
FØ 1000005684

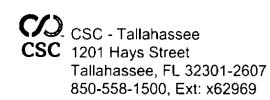
(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Seeming Entry Figure)				
	_			
(Document Number)				
Certified Copies Certificates of Status				
	٦			
Special Instructions to Filing Officer:				
	-			
	ı			
,				
J. HON.				
AIL RNE				
AUG Z 3 2024				
~ 202h				
~~7	ł			
	╝			

Office Use Only



900434530019





To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/22/24

Order #: 1601162-10

Re: CERIDA INVESTMENT CORP.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35 - 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: Amanda Miller 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	inge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, tion organized under the laws of the e or registered agent, or both, in the .	State of PA		
1. The name of t	the corporation: CERIDA INVES	STMENT CORP.			
	office address: ce Ave WILLOW GROVE, PA	STMENT CORP. 19090			
3. The mailing a	iddress (if different):				
4. Date of incorp	poration/qualification: 05/27/2	009 Document number:	F07000005684		
	I street address of the current re tment of State: (If resigned, ent	gistered agent and registered office (ter resigned)	on file with the		
	NRAI SERVICES, INC				
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or regi	stered office 7024 AUG 22		
	1201 Hays Street				
		P.O. Box NOT acceptable	一		
	Tallahassee	FL 32301	- F.ST&III		
The street addre	ess of its registered office and the identical.	the street address of the business of	ffice of its registered agent,		
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation ha	y adopted by its board of directors s been notified in writing of the cha	or by an officer so ange.		
/s/ David I	Murdza, Secretary	David Murdza, Secr	etary		
Signatui	re of an officer or director	Printed or typed	name and title		
I further agrée t of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of all am familiar with and acceping filed merely to reflect a chast been notified in writing of this Service Company	agent and agree to act in this capa of all statutes relative to the proper of the obligation of my position as r ange in the registered office address s change.	icity. and complete performance registered agent. Or, if this s, I hereby confirm that the		
By: X	re Cokubia	08/06/2024			
_	nature of Registered Agent	Date	· ——————		
If signing on be	half of an entity:				
	Asst. Vice President				
173	yped or Printed Name				
	***FII	LING 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)