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	(Address)		······································
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_	(Address)		
	(City/State/Zip/Ph	one #)	
PICK-UP	MAIT WAIT	Γ	MAIL
_	<u>—</u>		_
	(Business Entity I	Name)	
	(Document Numb	er)	
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Special Instructions to	Filing Officer:		
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FEB 0 3 2022.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: February 1, 2022

ORDER TIME : 2:30 PM

ORDER NO. : 453865-007

CUSTOMER NO: 8367395

CHANGE OF AGENT

NAME: PARTNERS ALLIANCE CORPORATION

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	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of egistered agent, or both, in the State of	CA	
t. The name of	the corporation: PARTNERS ALLIAN	NCE CORPORATION		
	•	STREET SUITE 205 POWAY, CA 92	2064	
3. The mailing a	ddress (if different): PO Box 1630, F	Poway, CA 92074		
		3116947 Document number: F0700	00006166	
5. The name and		red agent and registered office on file		
	INCORP SERVICES, INC.			
	17888 67TH COURT NORTH		1000 1000	
	LOXAHATCHEE	FL 33470		
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered of	ARY OF	
	Corporation Service Company		- 44 %	
1201 Hays Street				
		D. Box NOT acceptable	_	
	Tallahassee	FL 32301	_	
The street addre	ss of its registered office and the str be identical.	reet address of the business office of	its registered agent,	
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of directors or by a n notified in writing of the change.	n officer so	
	3	Jason Fletcher	President	
	e of an officer or director	Printed or typed name and		
co.po. anon nas	the appointment as registered agen o comply with the provisions of all ! I am familiar with and accept the ng filed merely to reflect a change i. been notified in writing of this chai Service Company	t and agree to act in this capacity. statutes relative to the proper and co obligation of my position as register n the registered office address, I here nge.	mplete performance red agent. Or, if this reby confirm that the	
	• • •	01/31/2022		
Sign	ature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
GRACE E. KIRB	Y, ASST. VICE PRESIDENT			

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

Typed or Printed Name

Marina