## F0800002548

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 551006 7424433

AUTHORIZATION :

COST LIMIT : (\$\sqrt{35.00}

ORDER DATE : July 15, 2024

ORDER TIME : 9:25 AM

ORDER NO. : 551006-051

CUSTOMER NO: 7424433

## CHANGE OF AGENT

NAME: DANZAS CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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 inge is submitted for a corporation o r to change its registered office or r	organized under the laws of the .	State of Ohio		
1. The name of t	the corporation: DANZAS CORPOR	RATION			
2. The principal	office address: 1210 South Pine Is	and Road, 1st Floor, Legal De	pt., Plantation,	FL 33324	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/05/2008	Document number: _	F08000002548	<u> </u>	
	I street address of the current registe tment of State: (If resigned, enter re		on file with the		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation	FL 33324	<del></del>	*.a	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or regis	stered office, TARY	ARY ARY	
	1201 Hays Street		S	₩ 8: 54	
	Ρ.	O. Box NOT acceptable	ATE	<b>5</b> t	
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the st be identical.	reet address of the business of	fice of its regist	ered agent,	
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of directors on notified in writing of the cha	or by an officer inge.	SO .	
/s/ Kevin Coles		<u>.</u>	Kevin Coles, Vice President		
Signature of an officer or director		Printed or typed n			
corporation nas	the appointment as registered ager o comply with the provisions of all I I am familiar with and accept the ng filed merely to reflect a change t been notified in writing of this cha Service Company	it and agree to act in this capac statules relative to the proper obligation of my position as re in the registered office address nge.	city. and complete p egistered agent 1, I hereby confi	erformance . Or, if this rm that the	
<u> Зу: Сел</u>	, m Lei	08/07/2024			
_	ature of Registered Agent ' nalf of an entity:	Date			
<u>.</u>	Asst. Vice President pcd or Printed Name				
,	`	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)

CSC 551006