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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: August 29, 2024 ORDER TIME : 10:42 AM ORDER NO. : 611333-003 CUSTOMER NO: 8459663 CHANGE OF AGENT NAME: PASS-A-GRILLE REALTY COMPANY PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_\_

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

statement of cha	provisions of sections nge is submitted for a r to change its registe	corporation org	zanized u <mark>n</mark> der the la	rws of the	State of NC	;	··
1. The name of t	he corporation: PAS	SS-A-GRILLE RI	EALTY COMPANY	,			
	office address:						
3. The mailing a	ddress (if different): _						
4. Date of incorp	oration/qualification:	06/20/2008	Document	number:	F08000002	770	
	I street address of the timent of State: (If resi			ed office	on file with the	he	
	Halpin, James			··-			
	1200 SOUTH PINE	ISLAND ROAD	·				
	PLANTATION		Fl	3332	4		
6. The name and (if changed):		eet address of the new registered agent (if changed) and /or registered office					6
	1201 Hays Street	Company			ASSE	7:	
	Tallahassee	P.O.	Box NOT acceptable FL	32301	STATE E. FL	9: 0 <b>9</b>	لسية
The street addre as changed will	ss of its registered of be identical.	ffice and the stre	et address of the b	usiness o	ffice of its re	gistered	agent,
Such change wa authorized by th	is authorized by resol he board, or the corpo	lution duly adop oration has been	ted by its board of notified in writing	directors of the ch	or by an offi ange.	cer so	
/S/ Carol A. Kij	ek			•	Vice Presid	ent	
I hereby accept I further agree t of my duties, an document is bei corporation has	e of an officer or director the appointment as real of comply with the produced of an familiar with a filed merely to refunction of the compart of the compa	ovisions of all si and accept the a lect a change in ing of this chan	and agree to act in tatutes relative to to obligation of my po the registered offi	this cape	r ma comple	te perfos ent. Or onfirm t	rmance · if this hat the
RA: TTVOC	nature of Registered Agen			Dat	e		
lf signing on be	half of an entity:						
<del></del>	Asst. Vice President	<del></del>					
		* * * FH INC	FFF- \$35 AA * * *				

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