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| (Reque | stor's Name) | | | |
|-------------------------------|----------------|--------------|--|--|
| (Addres | ss) | | | |
| (Addres | ss) | | | |
| (City/St | tate/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (D | | | | |
| (Docun | nent Number) | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filin | ng Officer: | | | |
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 127254 7483771

AUTHORIZATION : Juli Blesson

COST LIMIT : '\$' 35:00

ORDER DATE: November 13, 2023

ORDER TIME : 2:0 PM

ORDER NO. : 127254-020

CUSTOMER NO: 7483771

CHANGE OF AGENT

NAME: SAFEMARK INC.

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 | provisions of sections 607.0302, 61 inge is submitted for a corporation t r to change its registered office or r | organized under the laws | of the State of | DELAWA | | |
|--|---|---|--|---|---------------------------------------|--|
| 1. The name of t | he corporation: SAFEMARK INC. | | | | | |
| 2. The principal ORLANDO, FL | office address: 200 WEST SAND L | AKE ROAD SUITE #800 | | | | |
| 3. The mailing a | ddress (if different): | | | | | |
| 4. Date of incorp | poration/qualification: 06/20/2008 | Document nur | mber: <u>F08000</u> | 002773 | | |
| | I street address of the current registe tment of State: (If resigned, enter re | | office on file w | ith the | | |
| | C T CORPORATION SYSTEM | | | _ | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | | | |
| | PLANTATION | FL 3 | 33324 | \$7 | 20? | |
| 6. The name and (if changed): | I street address of the new registered | d agent (if changed) and /c | or registered of | ffice | 2023 KOY 13 | |
| | Corporation Service Company | | | | | |
| | 1201 Hays Street | | | | -111 - 11 | |
| | P | O Box NOT acceptable | | _ | | |
| | Tallahassee | FL 3 | 32301 | _ ` | Ф | |
| The street addre | ess of its registered office and the s be identical. | treet address of the busir | ness office of i | ts registere | ed agent, | |
| Such change wa authorized by th | as authorized by resolution duly ad ne board, or the corporation has be | opted by its board of dire en notified in writing of t | ectors or by ar the change. | n officer so | I | |
| Min | Ja 1 | STEVE 7 | mckett. | cfo | | |
| | re of an officer or director | | or typed name and | | | |
| of my duites, an document is bei corporation has | the appointment as registered age to comply with the provisions of all d I am familiar with and accept the filed merely to reflect a change then notified in writing of this change Service Company | e obligation of my position in the registered office a | 's capacity. proper and cop on as registere address, I here | mplete per ed agent. (by confirm | formance Or, if this 1 that the | |
| By: Llra | · Cokubi | 11/13/2023 | | | | |
| | nature of Registered Agent | | Date | | | |
| If signing on be | half of an entity: | | | | | |
| Grace E. Kirby, | Asst Vice President | | | | | |
| T | yped or Printed Name | | | | | |

* * * FILING 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)