## F08000003023

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 554006 AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: July 15, 2024 ORDER TIME : 9:33 AM ORDER NO. : 551006-299 CUSTOMER NO: 7424433 CHANGE OF AGENT NAME: GLOBAL MAIL, INC.

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

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

statement of che	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Ohio registered agent, or both, in the State of Florida.	. this
	the corporation: GLOBAL MAIL, IN		
The name of     The principal	office address: 2700 S. Commerc	e Parkway, Suite 400, Weston, FL 33331	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 07/03/2008	Document number: F08000003023	<u> </u>
5. The name an Florida Depa	d street address of the current regist artment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	THE PARTY OF THE P
6. The name an (if changed):		ed agent (if changed) and /or registered office	2021 112 - 7
	Corporation Service Company		
	1201 Hays Street		
		P.O. Box NOT acceptable	ć
	Tallahassee	FL 32301	
The street addr as changed wil	ess of its registered office and the I be identical.	street address of the business office of its regist	ered agent,
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	SO
/s/ Kevin C	oles	Kevin Coles, Vice President	
	ure of an officer or director	Printed or typed name and title	<del></del>
I hereby accept I further agree of my duties, at document is be corporation ha Corporatio	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang is been notified in writing of this co in Service Company	ent and agree to act in this capacity. All statutes relative to the proper and complete p he obligation of my position as registered agent e in the registered office address, I hereby confi hange.	erformance Or, if this rm that the
ву: С	in leil	08/07/2024	
	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	r, Asst. Vice President		
٦	Typed or Printed Name	NC EEE, 535 00 * * *	
	* * * FILIT	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

3)

CSC 551006

CR2E045 (04/13)