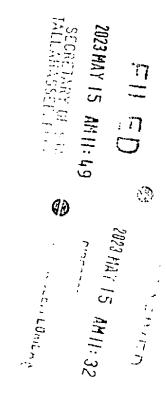
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	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	<u>-</u> _
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Office Use Only



800408654308



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 728398 4371937

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: May 9, 2023

ORDER TIME : 8:22 AM

ORDER NO. : 728398-004

CUSTOMER NO: 4371937

CHANGE OF AGENT

NAME: FROM, THE DIGITAL

TRANSFORMATION AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org in to always its registered office or rec	ganized under the lav	vs of the State of	NJ
	er to change its registered office or regulation: FROM, THE DIGITAL	•	•	
	office address: 1 ASPEN COURT MA			
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification; 12/22/2008	Document i	number: F08000	005373
	I street address of the current registere tment of State: (If resigned, enter resigned)		ed office on file w	ith the
	CORPORATE CREATIONS NETW	ORK, INC.		
	801 US HIGHWAY 1			_
	NORTH PALM BEACH	FL	33408	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation dervice Company			- 15 15
P.O. Box NOT acceptable				
	Tallahassee	FL	32301	
The street addre	ess of its registered office and the street be identical.			ts registered agent.
Such change wa authorized by th	ns authorized by resolution duly adop ne board, or the corporation has been	oted by its board of contified in writing c	lirectors or by an of the change.	officer so
Parid	gahran 1	David Gershma	n, Secretary	
_	re of an officer or director		ed or typed name and ti	tle
I further agree to of my duties, an document is beil corporation has	the appointment as registered agent to comply with the provisions of all stand lam familiar with and accept the angle filed merely to reflect a change in been notified in writing of this change in Service Company	tatutes relative to the obligation of my pos the registered office	this capacity, e proper and con ition as registere e address, I herel	aplete performance d agent. Or, if this by confirm that the
Linge	Hat hi	05/12/20	023	
	nature of Registered Agent		Date	
If signing on be	half of an entity:			
GRACE E. KIRE	BY, ASST. VICE PRESIDENT			
	ped or Printed Name			

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