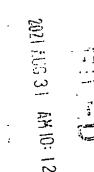
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SEP 0 L 2021 1 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 977256 7524948

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 26, 2021

ORDER TIME : 4:32 PM

ORDER NO. : 977256-050

CUSTOMER NO: 7524948

CHANGE OF AGENT

NAME: BEAL SERVICE CORPORATION

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	mge is subn	nitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of TX registered agent, or both, in the State of Florida.	this
1. The name of	the corporat	tion: BEAL SERVICE C	ORPORATION	
2. The principal	office addr			
3. The mailing a	address (if d	ifferent):		
4. Date of incorp	poration/qua	alification: _07/09/2009	Document number: F09000002737	
		ress of the current regist ate: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	CT CORPORATION SYSTEM			2
	1200 SOUTH PINE ISLAND ROAD			2021 AUG 31
	PLANTA	ΓΙΟΝ, FL 33324		6 2
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi		d agent (if changed) and /or registered office:	AH 10: 12
Corporation Service Company				
	1201 Hays Street			
	Tallahassee		PO Box NOFacceptable FL 32301	
The street addreas changed will	ess of its rea be identica	gistered office and the	street address of the business office of its registe	red agent.
Such charge wa authorized by the	as authorize ne board, or	ed by resolution duly action has be	dopted by its board of directors or by an officer seen notified in writing of the change.	0
\sim	رح عو	Were	Jill Cilmi, Vice President	
7 1	re of an officer		Printed or typed name and title	
l further agree i of my duties, an document is bei corporation has	to comply weld I am fam Ing filed me Ing been notif	tment as registered age with the provisions of a with the provisions of a with and accept the rely to reflect a change are in writing of this change in writing of this change are to mounts.	ent and agree to act in this capacity. Il statutes relative to the proper and complete pe we obligation of my position as registered agent, win the registered office address, I hereby confir ange.	rformance Or, if this m that the
By: Inn	700	okub1 0	08/27/2021	
-	nature of Regis	\	Date	
If signing on be	natt of an e	entity:		
Grace E. Kirby,				
1	yped or Printed	Name		

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