F0900000385/

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Вч	usiness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600388548106

JIVIŠION OF CORPORATION TALLAHASSEE, FLORION

RECEIVED

A. BUTLER
MAY 3 1 2022

2022 MAY 27 AH 9: 05 SECRETARY OF STATE TALLAHASSEF FI

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195 REFERENCE: 706670 8379203 AUTHORIZATION COST LIMIT : ORDER DATE: May 25, 2022 ORDER TIME : 2:09 PM ORDER NO. : 706670-018 CUSTOMER NO: 8379203 CHANGE OF AGENT NAME: PB PROFESSIONAL SERVICES INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florid in organized under the laws of the State o ir registered agent, or both, in the State o	of DE	
1. The name of t	the corporation: PB PROFESSION	NAL SERVICES INC.		
	office address: 27 WATERVIEW			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/28/200	Document number: F0900	00003851	_
	I street address of the current regis timent of State: (If resigned, enter	stered agent and registered office on file resigned)	with the	
	CT CORPORATION SYSTEM		DZZ H	T.
	1200 SOUTH PINE ISLAND RO	DAD	HAY 2	
	PLANTATION	FL 33324		- PO
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered	AM 9: 05	フ
	Corporation Service Company			
	1201 Hays Street			
P.O. Box. NOT acceptable				
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the be identical.	street address of the business office of	fits registered agent,	
Such change wa authorized by th	is authorized by resolution duly a le board, or the corporation has b	ndopted by its board of directors or by a seen notified in writing of the change.	an officer so	
>	Sie E Comi	JILL CILMI	VICE PRESIDE	TN:
Signatu	€ of an officer or director	Printed or typed name and	d litle	
I further agree t of my duties, and document is beil corporation has	o comply with the provisions of a d I am familiar with and accept t	gent and agree to act in this capacity, all statutes relative to the proper and co the obligation of my position as registed ge in the registered office address, I her change.	omplete performance red agent. Or, if this eby confirm that the	2
By: I) no	ice 7 Kuble	05/27/2022		
	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
	Y, ASST. VICE PRESIDENT	_		
т.	ned or Printed Name			

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