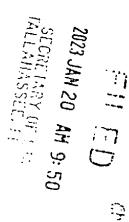
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
fied Copies Certificates of Status
ecial Instructions to Filing Officer:
J. HORNE JAN 2 3 2023

Office Use Only



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ZOR JAN 20 MII: IN SECRETARY OF STATE

CORPORATION S 1201 Hays Str Tallhassee, F Phone: 850-55	L 32301			
	ACCOUNT NO.	:	I2000000195	
	REFERENCE	:	384602 8402393	
	AUTHORIZATION	:	capill de man	
	COST LIMIT	:	\$ 35.00	
ORDER DATE :	January 18, 2023			
ORDER TIME :	9:0 AM			
ORDER NO. :	384602-004			
CUSTOMER NO:	8402393			
	CHANGE OF A	GEN	<u>T</u>	
NAME:	MCCORMICK TAY	LOR,	, INC.	
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILING:	

XX	CERTIFIED COPY 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 607,0502, 617.050. nge is submitted for a corporation organ. r to change its registered office or registe	ized under the lav	vs of the State of PA
1. The name of t	he corporation: MCCORMICK TAYLOR	, INC.	
2. The principal PHILADELPHIA	office address: 1818 MARKET STREET	. 16TH FLOOR	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 05/26/2010	Document r	number: F10000002459
	street address of the current registered ag tment of State: (If resigned, enter resigned		d office on file with the
	COGENCY GLOBAL INC.		
	115 North Calhoun St. Suite 4		
	Tallahassee	FL	32301
6. The name and (if changed):	street address of the new registered agen Corporation Service Company	t (if changed) and	1/or registered office
	1201 Hays Street		70 A
		NOT acceptable	7 7
	Tallahassee	FL_	32301
The street addre as changed will	ss of its registered office and the street a be identical.	address of the bu	siness office of its registered agent.
Such change wa	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of d	
Xie	2. agnie	Jill Cilmi, Vice	President
I hereby accept I further agree t of my duties, and document is bein corporation has	e of an officer of director the appointment as registered agent and o comply with the provisions of all statu I I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change.	Printe Lauree to act in 1	ed or typed name and title
By: L)no	Service Company after of Registered Agent	01/19/2023	Date
_	nalf of an entity:		
	Asst Vice President ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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