F1000004704

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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| | | | | | | |
| Office Use Only | | | | | | |





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

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| | ACCOUNT NO. | : | I2000000195 |
|--------------|----------------|---|-----------------|
| | REFERENCE | : | 421575777125364 |
| | AUTHORIZATION | : | 4215757 /125364 |
| | COST LIMIT | : | |
| | | | |
| ORDER DATE : | April 17, 2024 | | |
| ORDER TIME : | 10:06 AM | | |
| ORDER NO. : | 421575-010 | | |
| CUSTOMER NO: | 7125364 | | |
| | | | |

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CHANGE OF AGENT

NAME: MCNEIL & COMPANY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NY _ in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the corporat | tion: MCNEIL & COMPANY, INC | 2. |
|---|-----------------------------|----|
| The name of the corporation | tion: d COMI ANT, INC | |

2. The principal office address: 67 Main Street Cortland, NY 13045

3. The mailing address (if different): ____

Document number: F10000004704 4. Date of incorporation/qualification: 10/26/2010

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

| | | | | 17 | |
|--|--------------------------------------|----------|-------|---------|---|
| | 1200 SOUTH PINE ISLAND ROA | 2024 HAY | T | | |
| | PLANTATION | FL | 33324 | H-I | Γ |
| The name and (if changed): | street address of the new registered | fice FLO | | | |
| | Corporation Service Company | | | RIDA 21 | |
| | 1201 Hays Street | | | ŕ | |
| | | - | | | |
| | Tallahassee | FL | 32301 | | |

The street address of its registered office and the street address of the business office of its registered agent. as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ignature of an officer or director

Jill Cilmi, Vice President Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

Signature of Registered Agent By:

04/29/2024

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed or Printed Name

FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)