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-	(Requestor's Name)
	(Address)
 ,	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 882261 7961793					
AUTHORIZATION: Symbole man					
COST LIMIT : \$ 35.00.					
ORDER DATE : July 18, 2023					
ORDER TIME : 8:37 AM					
ORDER NO. : 882261-003					
CUSTOMER NO: 7961793					
CHANGE OF AGENT					
NAME: SKILL SURVEY, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
EXAMINER'S INITIALS:					

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Storation organized under the laws of the State of $_$ ffice or registered agent, or both, in the State of Fl	DE	_
1. The name of t	he corporation: SKILL SUR	RVEY, INC.		
2. The principal	office address: 101 Crawfo	rds Corner Rd, Ste 3100 Holmdel, NJ 07733		<u> </u>
3. The mailing a	ddress (if different):			_
4. Date of incorp	oration/qualification: 11/0	Document number: F100000	04849	
	I street address of the current timent of State: (If resigned	nt registered agent and registered office on file wit , enter resigned)	h the	
	C T CORPORATION SY	STEM		
	1200 SOUTH PINE ISLA	ND ROAD		
	PLANTATION, FL 33324	L	202 SE	
6. The name and (if changed):	street address of the new r	III JUL 21 SEUNETARY ALLAHASSE	-	
	Corporation Service Com	npany		Γ
	1201 Hays Street		PN 12: OF STA E. FLOR	ſ
		P O. Box NOT acceptable	17 10A	
	Tallahassee	FL 32301		
as changed will	be identical.	and the street address of the business office of its duly adopted by its board of directors or by an on has been notified in writing of the change.		nt,
authorized by th	^	n has been notified in writing of the change.		
	en Kamey	Valerie Rainey	Treasurer	_
I hereby accept I further agree t of my duties, an document is held corporation has	o comply with the provision I am familiar with and a	71 0	plete performa agent. Or, if i	this
Sign Sign	nature of Registered Agent	07/20/2023 Date		-
If signing on bel				
Grace E. Kirby	Asst. Vice President			
Ту	ped or Printed Name	EILING EFF. 615 00 + + +		

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