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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 745210 85691A				
AUTHORIZATION: Spelledeman				
COST LIMIT : \$35.00				
ORDER DATE : June 15, 2022				
ORDER TIME : 2:08 PM				
ORDER NO. : 745210-050				
CUSTOMER NO: 85691A				
CHANGE OF AGENT				
NAME: JIM PATTISON DEVELOPMENTS (U.S.) INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				
EXAMINER'S INTITALS.				

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

statement of cha	nge is submitted for a corporation or	9502, 607.1508, or 617.1508, Florida Sto ganized under the laws of the State of $\frac{W}{p}$ gistered agent, or both, in the State of Flo	ASHIN		<u>!</u>
1. The name of t	he corporation: JIM PATTISON DEVI	ELOPMENTS (U.S.) INC.			
	office address:st Cordova Street Vancouver, British				
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 04/12/2011	Document number: F1100000	1608		
	street address of the current registere tment of State: (If resigned, enter resi	d agent and registered office on file with gned)	the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD)	2022 . TAL		
	PLANTATION	FL 33324		2022 JUN 22	
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):			e.	2 AM IO: 3	
	Corporation Service Company		<u> </u>	ယ	`*
	1201 Hays Street		1 · }		
	P O.	Box NOT acceptable			
	Tallahassee	FL 32301			
_		eet address of the business office of its roted by its board of directors or by an of notified in writing of the change.			nt.
X	Jill Cilmi, Vice President				
I he eby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the cong filed merely to reflect a change in been notified in writing of this chann Service Copppany	Printed or typed name and title and agree to act in this capacity. tatutes relative to the proper and completely beligation of my position as registered at the registered office address. I hereby age.	lete per igent, confirn	forma. Or, if t n that t	+ nce his the
Bv: I no	Toervide Company	06/21/2022			
Sign	nature of Registered Agent	Date			_
If signing on bel	half of an entity:				
Grace E. Kirby, <i>i</i>	Asst. Vice President				
Ту	ped or Printed Name				

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