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Division of Corporations

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From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Pax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE THE LITTLETON GROUP WESTERN DIVISION, INC.

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2023 JUN 29 PH 7. 22

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

Pursuant to the statement of co	e provisions of sections 607.0502 hange is submitted for a corporate	, 617.0502, 607.1508, or 617.1508, Flori ion organized under the laws of the State	da Statutes, th	his	
in ord	der to change its registered office	or registered agent, or both, in the State	of <u>Florida.</u> of Florida.		
		ON GROUP WESTERN DIVISION, INC.			
2. The principa	al office address: 1250 S. CAPITA	L OF TEXAS HWY. BUILDING 1 AUSTI	N.TX 78746		
3. The mailing	address (if different):				
4. Date of inco	00003095				
<ol><li>The name ar</li></ol>	nd street address of the current reg artment of State: (If resigned, ente	istered agent and registered office on file	with the		
	CORPORATION SERVICE CO	MPANY			
1201 HAYS STREET					
	TALLAHASSSEE, FL 32301		<del></del>		
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /or registered	office;	2023 JUN 29	
	Corporate Creations Network Inc.		-	2	
	801 US Highway 1		· ·		
	North Dalas Barrel III contact	P O. Box NOT acceptable	<del></del> ''	Fi.	
	North Palm Beach FL 33408			<u>ن</u> 0	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of	its registered	co l agent,	
Such change was authorized by the	as authorized by resolution duly be board, or the corporation has i	adopted by its board of directors or by a seen notified in writing of the change.	n officer so		
- Hele	re of an officer of director	Marja Souza, Attorney-in-Fact			
		Printed or typed name and	title		
I further agree i of my duties, an document is bei corporation has	o comply with the provisions of d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and co the obligation of my position as register ge in the registered office address, I here hange.	implete perfoi ed agent. Or eby confirm ti	rmance i if this hat the	
- Tefa	Late Son	06/29/2023			
ν Suga	ature of Registrated Agent	Date			
	nalf of an entity:				
Marja Souza, Spe		-			
1)	ped or Printed Name				

MAKE CHBCKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
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\* \* \* FILING FEE: \$35.00 \* \* \*