F110000004489

| | (Requestor's Name) |
|---------------------------------------|--------------------------|
| | (Address) |
| · · · · · · · · · · · · · · · · · · · | (Åddress) |
| <u> </u> | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | s to Filing Officer |
| | |
| | |
| | |

Office Use Only



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SEP I 7 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| | CATES REQUESTED |
|-------------------|--|
| COUNTRY OF DESTII | NATION |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** |
| | Certificate of Status Reflecting: |
| | Certificate of Status |
| | Certified Copy of Arts & Amendments Complete File (Including Annual Reports) |
| | Certified Copy of Arts & Amendments |
| | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** |
| | Certificate of Status |
| | Certified Copy |
| xxxxxxx | Plain Copy |
| | **PLEASE FILE THE ATTACHED AND RETURN** |
| DOCUMENT NUMB | ER |

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Baker Donelson Bearman Caldwell & Berkowitz, a Professional Corporation Name of Corporation DOCUMENT NUMBER: F11000004489 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sam B. Blair, General Counsel Name of Contact Person Baker Donelson Firm/Company 165 Madison Ave., Stc. 2000 Address Memphis, TN 38103 City/State and Zip Code sblair@bakerdonelson.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (901) 577-2157 Area Code & Daytime Telephone Number Margaret B. Carr Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, t ange is submitted for a corporation organized under the laws of the State of Tennessee | |
|---|--|-----------------------------------|
| | er to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of | the corporation: Baker Donelson Bearman Caldwell & Berkowitz, a Professional Corporation | ion |
| 2. The principal | office address: 165 Madison Avc., Ste. 2000, Memphis, TN 38103 | |
| 3. The mailing a | address (if different): same | |
| 4. Date of incorporation/qualification: 11/08/2011 Document number: F11000004489 | | |
| 5. The name and Florida Depar | street address of the current registered agent and registered office on file with the then the the the third in the the third in the th | |
| | Donald E. Christopher | 202 |
| | 200 South Orange Avenue, Suite 2900 | 2021 SEP 16 |
| | Orlando, FL 32801 | 91 |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | AH 10: 00 |
| | Zach Bancroft | 00 |
| | 200 South Orange Avenue, Suite 2900 | |
| | P.O. Box NOT acceptable | |
| | Orlando, FL 32801 | |
| The street addresses changed will | ss of its registered office and the street address of the business office of its registere be identical. | d agent, |
| Such change wa authorized by th | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. Sam B. Blair, General Counsel | |
| Signalum | e of an officer or director Printed or typed name and tille | |
| I hereby accept to the series of the series | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete perf d I am familiar with and accept the obligation of my position as registered agent. C ng filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change. | ormance or if this that the |
| Try (Sieg | Saptamber 14, 20 | 731 |
| If signing on beh | palf of an entity: | |
| Zach | n Bancroft | |
| Ty: | ped 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)

By: