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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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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 SOUTHERN IONICS INCORPORATED

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

statement of cha	inge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, th nized under the lows of the State of MS tered agent, or both, in the State of Florida.	is
1. The name of t	the corporation: Southern tonics Incorpor	ated	
2. The principal	office address: 579 COMMERCE ST WI	SST POINT, MS 39773	
3. The mailing a	address (if different): PODRAWER 121	7 WEST POINT, MS 39773	
4. Date of incorp	poration/qualification: 01/27/2012	Document number: F12000000394	
5. The name and		agent and registered office on file with the	
	Ratchford, Emily, Divison Controller		
	13291 Vantage Way Suite 103		
	Jacksonville, FL 32218		205
6. The name and (if changed):	I street address of the new registered age	ent (if changed) and /or registered office	2024 FEB -
	CT Corporation System		
	1200 South Pine Island Road		٠.
	P.O. Bo Plantation, Florida 33324	n NOT acceptable	
as changed will	be identical.	address of the business office of its registered	J agent,
Such change was authorized by th	is authorized by resolution duly adopte be board, or the corporation has been no	d by its board of directors or by an officer so nified in writing of the change.	
Jan.	Manual Control of director	Stefan Mitchener, CFO	
I hereby accept I further agree to of my duties, an document is bei- corporation has C T Corporation	the appointment as registered agent or to comply with the provisions of all stated I am familiar with and accept the objug filed merely to reflect a change in the been notified in writing of this change. System	nd agree to act in this capacity. Lutes relative to the proper and complete perfe ligation of my position as registered agent. O he registered office address, I hereby confirm	irmance r, if this that the
	nuture of Registered Agen:	Z/1/2024	
	half of an entity:	<u></u>	
	rney Assistant Scoretary		
T	yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	
M	MAKE CHECKS PAYABLE TO FU AIL TO: DIVISION OF CORPORATIONS, F	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHANSEE, FL 32314	

CR2E045 (04/13)

By: