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Division of Corporations

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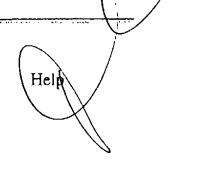
REGISTERED AGENT CHANGE GILROY, KERNAN & GILROY, INC.

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Corporate Filing Menu



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

	= · · · · · · · · · · · · · · · · · · ·	17.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of ${ m N}$	
	- · · · · · · · · · · · · · · · · · · ·	registered agent, or both, in the State of Flo	·
1. The name of	the corporation: GILROY, KERNA	N & GILROY, INC.	
2. The principal	office address: 210 CLINTON RD	NEW HARTFORD, NY 13413-5305	
3. The mailing	address (if different): PO BOX 542	NEW HARTFORD, NY 13413-0542	
4. Date of incor	poration/qualification: 02/24/2012	Document number: F12000000	846
	d street address of the current regist riment of State: (If resigned, enter r	tered agent and registered office on file with resigned)	ı the
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	D	~2
	PLANTATION, FL 33324		1023 -
6. The name and (if changed):	1 street address of the new registere	ed agent (if changed) and /or registered offic	2023 JUN 29
	Corporate Creations Network Inc.		P II.
	801 US Highway 1		بو
		P.O. Box NOT acceptable	9
	North Palm Beach FL 33408		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly ac board, or the corporation has be	dopted by its board of directors or by an oreen notified in writing of the change.	fficer so
Mode	· Lat Sur	Marja Souza, Attorney-in-Fact	
* 0	te of an others or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and comp he obligation of my position as registered i e in the registered office address, I hereby lange.	lete performance agent. Or, if this confirm that the
Mar	21.50	06/29/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Marja Souza, Sp	ecial Secretary		
T	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)