## F12000001387

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 723252 7764713
AUTHORIZATION: Conclude to the
COST LIMIT : \$ 35.00
ORDER DATE : May 5, 2023
ORDER TIME : 9:29 AM
ORDER NO. : 723252-008
CUSTOMER NO: 7764713
CHANGE OF AGENT
NAME: POSITUDES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the statement of change is submitted for a corporation organized under the laws of the State of NEW YOR	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: POSITUDES, INC.	
2. The principal office address: 44 BOND ST WESTBURY, NY 11590	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/30/2012 Document number: F12000001387	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
LEGALINC CORPORATE SERVICES INC.	26
476 RIVERSIDE AVE.	2023 MAY
JACKSONVILLE 32202	γ -8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	AH a:
Corporation Service Company	. ၁ _၁
1201 Hays Street	
P.O. Box NOT acceptable	
Tallahassee FL 32301	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	l agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Maryann Fusaro Vice President	
Segature of an other or director Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete perfo. of my duties, and I am familiar with and accept the obligation of my position as registered agent. Of document is being filed merely to reflect a change in the registered office address. I hereby confirm to corporation has been notified in writing of this change.  Corporation Service Company	rmance ; if this hat the
By: I have CKUO 05/05/2023 Signature of Registered Agen Date	
If signing on behalf of an entity:	
Grace E. Kirby, Asst. Vice President Typed 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)