F140000014802

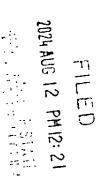
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer;	
J. HORNE AUG 2 2 2024	





900434626309

08/12/24--01039--030 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: POLICE EXECUTIVE RESEARCE Name of Corporation	CH FORUM, INC.
DOCUMENT NUMBER: F14000004802 The enclosed Statement of Change of Paging	
The enclosed Statement of Change of Registr	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Lauren Flores	
Name of Contact Person	
Labyrinth, Inc.	
Firm/Company	
1830 Colonial Village Ln	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
corporate@labyrinthinc.com E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Lauren Flores	
Name of Contact Person	at (717)844-9826 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga- in order to change its registered office or regis	inized under the laws of the State of DC
POLICE EXECUTIVE	RESEARCH FORUM, INC.
The name of the corporation: The principal office address: 1120 CONNECTICUT A	VENUE, NW, #930 WASHINGTON, DC 20036
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/12/2014	Document number: F14000004802
The name and street address of the current registered Florida Department of State: (If resigned, enter resign	
NRAI SERVICES, INC	
1200 SOUTH PINE ISLAND ROAD	
PLANTATION, FL 33324	
6. The name and street address of the new registered age (if changed):	-
Registered Agents Inc	2021
7901 4th St N Ste 300	and the second second
St. Petersburg, FL 33702	NOT acceptable P
	address of the business office of its registered agents
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	otified in writing of the change.
manure of an officer or director	Ken Hentwick, CFO Printed or typed name and title
héreby accept the appointment as registered agent an farther agree to comply with the provisions of all stat if my duties, and I am familiar with and accept the obl ocument is heing filed merely to reflect a change in th orporation has been notified in writing of this change	nd agree to act in this capacity, utes relative to the proper and complete performance igation of my position as registered agent. Or, if this we registered office address, I hereby confirm that the
David Roberta Signature of Registered Agent	02/14/2024
Signature of Registered Agent f signing on behalf of an entity:	Date
David Roberts - Assistant Secretary	
Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *