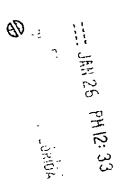
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(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Date:	01/26/2021			
Name:				
Reference	4247754	-		
Entity Name	e:STAFFORD PLA	ACE CORPORATION		
Artic	les of Incorporation/Authorization	o Transact Business		
Ame	endment			
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Othe	er			
Authorized Signature:	Amount \$35.00			



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F: 866.625.0839

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Date:	01/26/2021	
Name:		
	e #:1317751	_ _
Entity Nar	me: STAFFORD P	LACE CORPORATION
☐ Art	icles of Incorporation/Authorizatio	n to Transact Business
Am	nendment	
☑ Ch	ange of Agent	
☐ Re	instatement	
☐ Co	nversion	
□ Ме	erger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize Signature	d Amount \$35.00	

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

statement of change is sub-	nitted for a corporation o	.0502, 607.1508, or 617.1508, Floor rganized under the laws of the Sta egistered agent, or both, in the Sta	_{ite of Virginia}
		FORD PLACE COR	
2. The principal office add			
3. The mailing address (if o	different):		
4. Date of incorporation/qu	ualification: January 2	7, 2015 Document number:	F15000000309
	ress of the current registe tate: (If resigned, enter res	red agent and registered office on signed)	file with the
	GARCHIK,	STEPHEN J	
	101 SE 4	th Avenue	
	Delray Bead	ch, FL 33483	70.
(if changed):	ress of the new registered	agent (if changed) and /or registe	FILE THE STATE OF
	North Calhoun		D 2: 13
Talla	hassee, FL 32	2301	· · · · · · · · · · · · · · · · · · ·
		reet address of the business offic	
authorized by the board, o	or the corporation has bee	opted by its board of directors or n notified in writing of the chang	je.
/s/ Stephen J Garchik		Stephen J Garchik Printed or typed name	President e and title
I further agree to comply performance of my duties, agent. Or if this docume.	with the provisions of all and I am familiar with a nt is being filed merely to	nt and agree to act in this capacit statutes relative to the proper an ind accept the obligation of my po reflect a change in the registere ied in writing of this change.	id complete osition as registered
/s/ Tim Mayville		1/24/2021	
Signature of Regi	·	Date	

Tim Mayville, Assistant Secretary

Typed or Printed Name

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