F1500001875

(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					
JUN 1 4 2022					

Office Use Only



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FILED 2022 JUN 13 AM 10: 42 SECRETARY OF STATE

RECEIVED
2022 JUN 13 PM 3: 3

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195		
	REFERENCE	:	732116	8087058		
	AUTHORIZATION	:	Fronts !			
	COST LIMIT	:	\$(85.00	Kenan		
ORDER DATE :	June 8, 2022					
ORDER TIME :	12:47 PM					
ORDER NO. :	732116-033					
CUSTOMER NO:	8087058					
				.		
CHANGE OF AGENT						
NAME:	FESTIVA DEVEL	OPM	ENT GROUP	,		
	THE FOLLOWING AS	PR	OOF OF FI	LING:		
	FIED COPY STAMPED COPY					
CONTACT PERSON	N: Eyliena Baker					

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statu anized under the laws of the State of <u>NV</u> stered agent, or both, in the State of Flori					
1. The name of	he corporation: FESTIVA DEVELOPM	ENT GROUP, INC.					
	office address: One Vance Gap Road,						
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 04/28/2015	Document number: F150000018	875				
5. The name and		agent and registered office on file with the					
	CORPORATE CREATIONS NETWO	ORK INC.					
	801 US HIGHWAY 1						
	NORTH PALM BEACH, FL 33408						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company							
							1201 Hays Street P.O. Box NOF acceptable
P.O. Box NOT acceptable							
	Tallahassee	FL 32301					
The street address changed will	ss of its registered office and the stree be identical.	et address of the business office of its re	gistered a	gent.			
Such change wa authorized by the	s authorized by resolution duly adopt the board, or the corporation has been it	ed by its board of directors or by an offinotified in writing of the change.	cer so				
Sie E agni		Jill Cilmi, Vice President					
Signatu	e of an officer or director	Printed or typed name and title					
l further agree i of my duties, an document is bei corporation has	the appointment as registered agent a comply with the provisions of all stold I am familiar with and accept the orng filed merely to reflect a change in been notified in writing of this change in Service Company	ind agree to act in this capacity. autes relative to the proper and complet bligation of my position as registered ag the registered office address. I hereby co e.	te perforn gent. Or onfirm the	nance if this at the			
*	. t-Kuby	06/10/2022					
	nature of Registered Agent	Date					
If signing on be	half of an entity:						
	Asst. Vice President						
Ty	ped or Printed Name	CDD 635.00 + + +					
	* * * FILING E	TEE: \$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)