F15000005720

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Y SULKER DEC 15 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 328306 8276196 AUTHORIZATION : Spelle Rende COST LIMIT : ' ORDER DATE: December 14, 2021 ORDER TIME : 1:53 PM ORDER NO. : 328306-004 CUSTOMER NO: 8276196 CHANGE OF AGENT NAME: WINSTON FINANCIAL SERVICES, 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

statement of cha	mge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of New Jersey registered agent, or both, in the State of Florida.
	the corporation: WINSTON FINANC	·
2. The principal		
2399 HWY 34	RAMSHORN EXEC. CENTER, UN	IT C2 MANASQUAN, NJ 0873
3. The mailing a	nddress (if different):	
4. Date of incor	poration/qualification: 12/30/2015	Document number: F15000005720
5. The name and Florida Depart	d street address of the current registe timent of State: (If resigned, enter re	red agent and registered office on file with the signed)
	REGISTERED AGENT SOLUTION	ONS, INC.
	155 OFFICE PLAZA DR. SUITE	Α
	TALLAHASSEE	FL 32301
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.o. Tallahassee	O. Box NOT acceptable FL 32301 TE N
	Tallallassee	FL 32301 FA 2
=		reet address of the business office of its registered agent
Such change wa authorized by th	s authorized by resolution duly added board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.
Coli.	3 Brake of	Colin Bradley President/CEO 12/13/2021
	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha I Service Company	Printed or typed name and title at and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if thi in the registered office address, I hereby confirm that the nge.
	uce C-Kuby	12/13/2021
	ature of Registered Agent \ nalf of an entity:	Date
	Asst. Vice President	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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