

F 1600005247

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

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Account Name : COMPUTERSHARE
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Phone : (561)694-8107
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REGISTERED AGENT CHANGE PARTNERS IN PERFORMANCE USA INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PARTNERS IN PERFORMANCE USA INC.
2. The principal office address: 5500 Interstate North Parkway, Suite 430
Sandy Springs, GA 30328
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/21/2016 Document number: F16000005247
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)
NRAI SERVICES INC.
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, FL 33408

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

Erin Saville
Signature of an officer or director

Erin Saville, Attorney-In-Fact

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Erin Saville
Signature of Registered Agent

9/23/2024

Date

If signing on behalf of an entity:

Erin Saville, Special Secretary

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
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