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(City/State/Zip/Phone #)					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 857673 7813124 AUTHORIZATION COST LIMIT ORDER DATE : July 6, 2023 ORDER TIME : 8:48 AM ORDER NO. : 857673-011 CUSTOMER NO: 7813124 CHANGE OF AGENT NAME: KENSINGTON FINANCIAL ASSOCIATES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0 mge is submitted for a corporation org r to change its registered office or reg	ganized under the law	vs of the State of \underline{D})E
L. The name of t	the corporation: KENSINGTON FINAN	NCIAL ASSOCIATES	S, INC.	
2. The principal	office address: 7901 4th St N STE 30	0 St. Petersburg, FL	. 33702	
	ddress (if different):			
4. Date of incorp	poration/qualification: 10/03/2017	Document r	number: F170000	04444
	I street address of the current registere tinent of State: (If resigned, enter resigned)		d office on file with	1 the
	Registered Agents Inc			
	7901 4th St N STE 300			
	St. Petersburg, FL 33702			
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and	I /or registered office	ce
	Corporation Service Company			202 SE TALL
	1201 Hays Street			SECRETA SECRETA ALLAHAS
	P.O.	Box NOT acceptable		
	Tallahassee	FL	32301	
The street addre as changed will	ess of its registered office and the stre be identical.	eet address of the bus	siness office of its	registered agent.
Such change wa authorized by t	as authorized by resolution duly adop	oted by its board of d notified in writing o	irectors or by an o of the change.	fficer so
		Teddy Heichma	n President	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s. d I am familiar with and accept the cong filed merely to reflect a change in been notified in writing of this chan	and agree to act in t tatutes relative to the obligation of my posi the registered office	ed or typed name and title this capacity, e proper and comp ition as registered e address, I hereby	
Sorporation	1 Service Company	07/10/2023		
s mort	nature of Registered Agent		Date	
If signing on be	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
Ty	sped 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 CR2E045 (04/13)