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Division of Corporations

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN STELLA SERVICE NY INC.

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617 ange is submitted for a corporation organized under the luws er to change its registered office or registered agent, or both,	of the State of Delaware	
1. The name of t	the corporation: STELLA SERVICE NY INC.		
2. The principal	35 DDO AD OWNERS BOOK (AND ARMY	YORK, NY 10004	
_	address (if different):		
4. Date of incorp	poration/qualification: 11/29/2010 Document mu	mber:	
	d street address of the current registered agent and registered ortment of State: (If resigned, enter resigned)	office on file with the	
	Corporation Service Company		
	1201 Hays Street	<del></del>	202
	Tallahassee, FL 32301		2022 SEP 14
6. The name and (if changed):	d street address of the new registered agent (if changed) and /	or registered office	H AM
	C T Corporation System	ing.	œ (
	1200 South Pine Island Road	45	21
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
The street addre as changed will	ess of its registered office and the street address of the busir l be identical.	ness office of its registere	d agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of dire he board, or the corporation has been notified in writing of t	ectors or by an officer so the change.	
The totals	Lynn Danko tre of an officer or director Printed o	or typed name and title	
I hereby accept I further agree to of my duties, and document is bein	t the appointment as registered agent and agree to act in thi to comply with the provisions of all statutes relative to the p nd I am familiar with and accept the obligation of my position ing filed merely to reflect a change in the registered office a s been notified in writing of this change.	**	ormance Or, if this that the
	7/28/2022		
Sign	gnature of Registered Agent	Date	<del></del>
If signing on bel	ehalf of an entity:		
Kimberly Bowen	ns, Asst Secretary		
Ту	* * * 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)

By: