| (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: |  |  |  |  |
|   |  |  |  |  |
| Q. SILAS                                |  |  |  |  |
| MAY U.3 SUZZ                            |  |  |  |  |
|   |  |  |  |  |

Office Use Only



000386803280

2022 MAY -2 AM 9: 23

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO.                          | :           | 1200000001 | .95                                     |  |  |  |
|--------------------------------------|-------------|------------|---|--|--|--|
| REFERENCE                            | :           | 653487     | 8377653                                 |  |  |  |
| AUTHORIZATION                        | :           | ,00        |   |  |  |  |
| COST LIMIT                           | : C         | systloole  | na                                      |  |  |  |
| ORDER DATE : May 2, 2022             |             | <i>V V</i> |   |  |  |  |
| ORDER TIME : 2:0 PM                  |             |            |   |  |  |  |
|                                      |             |            |   |  |  |  |
| ORDER NO. : 653487-015               |             |            |   |  |  |  |
| CUSTOMER NO: 8377653                 |             |            |   |  |  |  |
|                                      | . <b></b> - | . ~        | · • • · · · · · · · · · · · · · · · · · |  |  |  |
| CHANGE OF AGENT                      |             |            |   |  |  |  |
|                                      |             |            |   |  |  |  |
|                                      |             |            |   |  |  |  |
| NAME: METRO R.F. SE                  | ERVIC       | SES, INC.  |   |  |  |  |
|                                      |             |            |   |  |  |  |
|                                      |             |            |   |  |  |  |
| PLEASE RETURN THE FOLLOWING AS       | י מסר       | אר הב בדוד | ING -                                   |  |  |  |
|                                      | rku         | OF OF ETFT | : DM.                                   |  |  |  |
| 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   | provisions of sections 607.0502,<br>nge is submitted for a corporation<br>r to change its registered office o  | on organized under the law                              | vs of the State of <u>C</u>  | ALIFORNIA   |   |
|--|--|---|--|---|---|
| 1. The name of t   | he corporation: METRO R.F. SE  | ERVICES, INC.   |  |   |   |
| 2. The principal   |  |   |  |   |   |
| 3. The mailing a   | ddress (if different):   |   |  |   |   |
| 4. Date of incorp  | poration/qualification: 03/22/20   | 18 Document n   | number: F1800000   | 1400  |   |
|  | l street address of the current reg<br>tment of State: (If resigned, ente  |   | d office on file with  | the   |   |
|  | INCORP SERVICES, INC.  |   |  |   |   |
|  | 17888 67TH COURT NORTH   |   |  |   |   |
|  | LOXAHATCHEE  | FL  | 33470  |   |   |
| 6. The name and (if changed):  | I street address of the new registe  |   | 1/or registered office   | 2022 MAY -2<br>SECRETARY<br>TALLAHA!                      |   |
|  | Corporation Service Company  | <del>/</del>  |  | S   |   |
|  | 1201 Hays Street   |   |  | AH<br>SEE   | i |
|  | Tallahassee  | P.O. Box NOT acceptable                                 | 32301  | 9: 23<br>STATE<br>, FL                                    | 9 |
| The street addre<br>as changed will  | ess of its registered office and the be identical.   | ne street address of the bus                            | siness office of its r   | registered agent,   |   |
| Such change wa<br>authorized by th   | is authorized by resolution duly<br>be board, or the corporation has   | adopted by its board of d<br>been notified in writing o | irectors or by an of<br>f the change.  | ficer so  |   |
|  | re E almi  | Jill Cilmi, Vice P                                      | resident   |   |   |
| I hereby accept<br>I further agree t<br>of my duties, and<br>document is bein<br>corporation has | the appointment as registered to comply with the provisions of a land accept of the first and accept to reflect a character of the motified in writing of this a Service Company | gaent and garee to get in t                             | d or typed name and title<br>this capacity.<br>e proper and compl<br>tion as registered a<br>e address, I hereby o | ete performance<br>igent. Or, if this<br>confirm that the |   |
| By: X  | was tokuble lature of Registered Agent   | 04/18/2022  | Date   |   |   |
| -  | half of an entity:   |   | Date   |   |   |
|  | Asst. Vice President   |   |  |   |   |
|  | rped or Printed Name   | <b></b>   |  |   |   |

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