F18000005836

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
nified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JAN 2 3 202	3

Office Use Only



700400518597



RECEIVED
2029 JAN 20 AN II: 13

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 382946 4357259				
AUTHORIZATION :				
COST LIMIT TO SEE TO THE				
	-			
ORDER DATE : January 17, 2023				
ORDER TIME : 9:12 AM				
ORDER NO. : 382946-004				
CUSTOMER NO: 4357259				
CHANGE OF AGENT				
NAME: INTERTRUST CORPORATE SERVICES DELAWARE LTD.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				

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 ange is submitted for a corporation o er to change its registered office or re	organized under the law	vs of the State of Del	laware	
	the corporation: NTERTRUST COR	• •			
	office address: 200 BELLEVUE PAI				
3. The mailing a	address (if different):				_
4. Date of incorp	poration/qualification: 12/19/2018	Document r	number: F18000005	836	_
	d street address of the current register rtment of State: (If resigned, enter re-		d office on file with th	he	
	FLORIDA FILING & SEARCH SE	RVICES INC.			
	155 OFFICE PLAZA DR STE A				
	TALLAHASSEE	FL	32301	202: SE TALL	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and	l /or registered office	.023 JAN 20 SECRETARY ALLAHASSE	•
	Corporation Service Company				!
	1201 Hays Street	_		• • • • • • • • • • • • • • • • • • •	C
		O. Box NOT acceptable	<u> </u>	. 5	
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the st be identical.	reet address of the bus	siness office of its re	gistered agent,	
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of d n notified in writing o	rectors or by an offi f the change.	cer so	
		Michael Campai	gnio, VP		
-	re of an officer or director		d or typed name and title		
I hereby accept I further agree t of my duties, an document is beil corporation has Corporation	the appointment as registered agent to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change to been notified in writing of this change to Service Company	nt and agree to act in t statutes relative to the obligation of my posi in the registered office inge.	his capacity. e proper and complei tion as registered ag e address, I hereby co	te performance ent. Or, if this onfirm that the	ı
By: Mar. 7-Kuble		01/19/2023			
	nature of Registered Agent half of an entity:		Date		
	-				
 	Asst. Vice President yped 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)