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| Special Instructions to Filing | g Officer: | |
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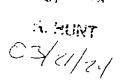
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400425588704







CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 361231 8444374

AUTHORIZATION : THE STANDARD STANDARD

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

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

| statement of cha | provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or regist | nized under the laws of the State o | of CA | | |
|--|--|---|-------------------------------------|------------------------------|----------------------------|
| 1. The name of t | the corporation: NATIONWIDE CONTRO | DLS, INC. | | | |
| 2. The principal | office address: 915 W. IMPERIAL HWY. | , SUITE 160 BREA, CA 92821 | | | |
| 3. The mailing a | ddress (if different): | | | | <u> </u> |
| 4. Date of incorp | poration/qualification: 10/28/2019 | | | 9 | |
| 5. The name and | I street address of the current registered a timent of State: (If resigned, enter resigned | gent and registered office on file | | | |
| | UNITED STATES CORPORATION A | GENTS, INC. | | | |
| | 476 RIVERSIDE AVE. | | | | |
| | JACKSONVILLE | FL 32202 | | 2024 11.52 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed): Corporation Service Company | | | | | i. |
| | 1201 Hays Street | | S. S. S. | VM 10: | |
| | | NOT acceptable | | 32 | |
| | Tallahassee | FL 32301 | | | |
| The street addreas changed will | ess of its registered office and the street be identical. | address of the business office o | f its regis | tered a | gent, |
| Such change wa | as authorized by resolution duly adopted the board, or the corporation has been no | by its board of directors or by tified in writing of the change. | an officer | r so | |
| X | in 2 Comi | JILL CILMI | VIC | E PRE | SIDENT |
| Signatu | of an officer or director | Printed or typed name an | id title | | |
| I further agree i of my duties, an document is bei corporation has | the appointment as registered agent an ocomply with the provisions of all stat of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company | d agree to act in this capacity, utes relative to the proper and c igation of my position as registe e registered office address, I he | romplete p red agen reby conf | perforn 1. Or firm the | nance if this at the |
| αC | r. tokuble | 03/20/2024 | | | |
| - | nature of Registered Agont | Date | | | |
| If signing on be | half of an entity: | | | | |
| | BY, ASST. VICE PRESIDENT | | | | |
| Ŧ | ped or Printed Name | | | | |
| | * * * FILING FE | E: \$35.00 * * * | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (04/13)
CSC 361231-2