## F2000000185

(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:				
J. HORNE APR 2 4 2024				
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## **CT CORP**

## (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

04/23/2024

D	ate: 04/23/2024		- w: DW
		Acc#I20160000072	4 : C > V
Name:	WSC, Inc.		
Document #:			
Order #:	15498440		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		Country of Destination:	
Filing: 🗸	Certified:	Number of Certs:	Email Address for Annual Report Notifications:
· · · · · · · · · · · · · · · · · · ·	Plain: COGS:		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	\$ 43.75	

Thank you!

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

statement of char	provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized	under the laws of the State of $\frac{N}{2}$	faryland
	r to change its registered office or registered	agent, or both, in the state of ri	oriaa.
1. The name of t	the corporation: WSC, Inc		<del></del>
2. The principal	office address: 7196 Crestwood Blvd., Ste 300,	Frederick, MD 21703	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/09/2020	_ Document number: F20000000	)185
5. The name and Florida Depar	d street address of the current registered agent rement of State: (If resigned, enter resigned)	and registered office on file with	h 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 agent (if	changed) and /or registered offi	2024 APR 23
	C T Corporation System		事物
	1200 South Pine Island Road		FILED PR 23 M
	P.O. Box NO	T acceptable	30 至 四
	Plantation, Florida 33324		
The street addre	ess of its registered office and the street add be identical.	ress of the business office of its	registered gent.
	as authorized by resolution duly adopted by he board, or the corporation has been notifie		
tant for	The state of the s	aul J. Ferdenzi, Secretary	
-	are of an officer or director	Printed or typed name and tit	le
I further agree of my duties, an document is being corporation has	t the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	ree to act in this capacity. relative to the proper and com ion of my position as registered gistered office address, I hereb	plete performance Lagent. Or, if this y confirm that the
C T Corporation	n System Y McGranes		
	ghature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Sherry McGinno	es		
<u> </u>	Typed 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)

By: