	(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 NOV - 7 2024
	Mari
	NUV - 7 2024
	1 2027

Office Use Only



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FILED
2024 NOV -6 PHI2: 53

2024 NOV -6 PH 3: 23

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 11/06/24 Order #: 1671996-7

Re: INDUSTRY DIVE, INC. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of chai	provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga r to change its registered office or regist	nized under the laws of the State of	DE
1. The name of t	he corporation: INDUSTRY DIVE, INC.		
	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 09/10/2020	Document number: F20000	003913
	street address of the current registered attment of State: (If resigned, enter resign		ith the
	C T CORPORATION SYSTEM		_
	1200 SOUTH PINE ISLAND ROAD		_
	PLANTATION, FL 33324		2024
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered of	FILED PH 12: 5
	Corporation Service Company		_ 温 型 口
	1201 Hays Street		237 55
	P.O. Bo	NOT acceptable	- A.A. W
	Tallahassee	FL 32301	-
The street addre	ss of its registered office and the street be identical.	t address of the business office of i	ts registered agent,
Such change wa authorized by th	is authorized by resolution duly adopte the board, or the corporation has been no	ed by its board of directors or by an otified in writing of the change.	officer so
/s/Patricia Pet	er	Patricia Peter	Asst. Secretary
Signatur	e of an officer or director	Printed or typed name and I	itle
I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all stand I am familiar with and accept the object of the provisions of all stands are filed merely to reflect a change in the been notified in writing of this change	tutes relative to the proper and cor ligation of my position as registere he registered office address, I here	nplete performance ad agent. Or, if this by confirm that the
By: Live	n Service Company	11/05/2024	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	Asst. Vice President		
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314