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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	0. :	I2000000195					
REFEREN	CE :	156855	7351048				
AUTHORIZATI	ON :	Locals	See.				
COST LIM	IT :	\$ 35.00	dena				
ORDER DATE : October 22, 2	021						
ORDER TIME : 1:56 PM							
ORDER NO. : 156855-021							
CUSTOMER NO: 7351048							
CHANGE OF AGENT							
NAME: ROADIERED (CO.						
PLEASE RETURN THE FOLLOWING	AC DD		TNC				
	AD PRO	OF OF FIL	1TMQ :				
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CONTACT PERSON: Alexxis We:	iland						
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections inge is submitted for a ir to change its registe.	corporation organiz	ed under the law	s of the Sta	ite of DE		<u> </u>	
	he corporation: ROAD				-			
2. The principal	office address:							
		Atlanta		GA	U.S.A	303	28	
3. The mailing a	ddress (if different): _			<u>.</u>				
4. Date of incorporation/qualification: 10/27/2020 Document number: F20						380		
	I street address of the d tment of State: (If resi		ent and registered					
	GORLIN, STEVE							
	1234 AIRPORT RD	STE 105			 	202		
	DESTIN		FL	32541	CRE	2021 CCT 2	مريم د ا	
6. The name and (if changed):	! street address of the r	new registered agent	(if changed) and	/or register	red office	722 AH	7 200 7 200 8 200 10 200 10 200 10 200 10 200	
	Corporation Service	Company				Ċ	3.54	
	1201 Hays Street				رغن 	37		
	P (), Box NOT acceptable							
	Tallahassee		FL	32301	 -			
The street addre	ss of its registered of be identical.	fice and the street ad	dress of the bus	iness office	e of its reg	istered	agent,	
Such change wa authorized by th	is authorized by resolute hoard, or the cornor	ution duly adopted b ration has been notif	y its board of di ied in writing of	rectors or lithe chang	by an offic e.	er so		
Ryan C. Swift		F	Ryan C Swift			Assistant Secretary		
Signatu	8FD7FDE82E66406		Printed	f or typed nam	e and title			
of my duties, and document is bein corporation has	the appointment as re o comply with the pro d I am familiar with a ng filed merely to refl been notified in writ n Service Compan	nd accept the obliga ect a change in the r ng of this change.	agree to act in the ex relative to the ution of my posit registered office	his capacit proper an ion as regi address. I	v. d complete stered age hereby con	perfoi nt. Or nfirm ti	rmance ; if this hat the	
By: I) n	aco Cokubi	<u>{</u> .	10/21/20					
Sigr	nature of Registered Agent	\		Date				
If signing on bel	nalf of an entity:							
Grace E. Kirby A	sst Vice President							
	ped or Printed Name							

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE