## F21000001722

(Requestor's Name)	
(Address)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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A. EDITER MAR 10 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195  REFERENCE : 556611406(1988)283
REFERENCE: 55661111 6C19811283
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE: March 9, 2023
ORDER TIME : 9:11 AM
ORDER NO. : 556611-005
CUSTOMER NO: 7987283
CHANGE OF AGENT  NAME: SN AMERICA INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson
EXAMINER'S INITIALS:

CR2E045 (04/13)

## 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 or er to change its registered office or re	ganized under the lav	vs of the State of _	DE	this ———
1. The name of	the corporation: SN AMERICA INC.				
2. The principal	office address:ue, 20th floor, New York, NY 10118				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 03/26/2021	Document r	number:F21000	001722	
	d street address of the current registere rtment of State: (If resigned, enter resi		d office on file wi	th the	
	UNIVERSAL REGISTERED AGEN	NTS, INC.			
	1317 CALIFORNIA STREET			•	
	TALLAHASSEE	FL	32304		2023 <b>H</b> AR
6. The name and (if changed):	d street address of the new registered a	ngent (if changed) and	l /or registered off	ice	MR -9
	Corporation Service Company				Br.
	1201 Hays Street			:	ည ထဲ
	P.O.	Box NOT acceptable			F
	Tallahassee	FL	32301	-	
The street addre as changed will	ess of its registered office and the stro be identical.	eet address of the bus	siness office of its	register	ed agent.
Such change wa authorized by tl	as authorized by resolution duly ador ne board, or the corporation has been	oted by its board of d notified in writing o	irectors or by an of the change.	officer so	,
	(44)Y	Colleen Kearney	/	Directo	or
Signatu	re of an officer or director	Printe	d or typed name and titl	e	
l jurther agree l of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan Service Company	tatutes relative to the obligation of my posi othe registered office	PROBER OUT COM	plete per l agent. ( v confirn	formance Or, if this 1 that the
By: I I no	r. 7 Kubi	03/09/2023			
Sigi	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ty	yped or Printed Name				

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

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