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2024 JAN 1-0 PH 5: 18

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

statement of cha	mge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Stoganized under the laws of the State of $\frac{D}{D}$ istered agent, or both, in the State of Flo	ELAWARE
	the corporation: DEPT PERSONALISE		
2. The principal	office address: 8 CALIFORNIA ST ST	E 500	
SAN FRANCIS			<del></del>
3. The mailing a	address (if different): 14 PENN PLAZA	STE 1800 NY, NY 10122	
		Document number: F2100000	4912
	d street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office on file with gned)	the
	HUBCO REGISTERED AGENT SE	RVICES INC	•
	155 OFFICE PLAZA DR 1ST FL		FIL 2024 JAN 10 SÉCLETAR
	TALLAHASSEE	FL 32301	
6. The name and (if changed):		gent (if changed) and /or registered offic	O PH 5:
	Corporation Service Company		318. <b>98</b>
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the stre be identical.	et address of the business office of its	registered agent.
Such change wa authorized by th	as authorized by resolution duly adopte board, or the corporation has been	ted by its board of directors or by an of notified in writing of the change.	ficer so
/s/ Frai	nk Schmid	Frank Schmid, President	
Signatu	re of an officer or director	Printed or typed name and title	
corporation nas	the appointment as registered agent of comply with the provisions of all stand lam familiar with and accept the of the filed merely to reflect a change in seen notified in writing of this change in Service Company	and agree to act in this capacity, atutes relative to the proper and comp bligation of my position as registered of the registered office address, I hereby ge.	lete performance agent. Or, if this confirm that the
By: /s/ Gr	ace E. Kirby	01/10/2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst Vice President		
Ty	yped or Printed Name		
	* * * FILING I	FEE: \$35.00 * * *	

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