F22000001325

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street

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

ACCOUNT NO. : 12000000195					
REFERENCE : 860487 8414411					
AUTHORIZATION: Syrvellade					
COST LIMIT : \$ 35.00					
ORDER DATE : July 10, 2023					
ORDER TIME : 8:35 AM					
ORDER NO. : 860487-009					
CUSTOMER NO: 8414411					
CHANGE OF AGENT					
NAME: AMI US HOLDINGS INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					

EXAMINER'S INITIALS:

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

statement of char	nge is submitted for a cornoratio	617.0502, 607.1508, or 617.1508, Flor on organized under the laws of the State or registered agent, or both, in the State	· · · · · · · · · · · · · · · · · · ·	
	he corporation: AMI US HOLDIN			-
2. The principal	office address:			
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: 03/04/20	Document number:F21	2000001325	
5. The name and	i street address of the current reg traent of State: (If resigned, ente	pistered agent and registered office on it	le with the	
	FLORIDA FILING & SEARCH	SERVICES INC.		
	155 OFFICE PLAZA DR SUIT	EA	2029 AUG - 7 SECRETARY TALLAHASSE	
	TALLAHASSEE	FL 32301	AUG	-
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registere	ARY OF STATE ASSEE, FLORID	r F
	Corporation Service Company	y	— [5] 	Ţ
	1201 Hays Street			
		P.O. Box NOT acceptable	D.	
	Tallahassee	FL 32301		
as changed Wil	i de identicai.	he street address of the business office		
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or b s been notified in writing of the change	y an officer so	
Utw	1 Cham	Atul Dhawan	Secretary	
Signati	ure of an officer or director	Printed or typed name	and title	
I hereby accep I further agree of my duties, a document is be corporation ha Ootporatio	t the appointment as registered to comply with the provisions of and I am familiar with and accepting filed merely to reflect a chast been notified in writing of this on Service Company	agent and agree to act in this capacity of all statutes relative to the proper and it the obligation of my position as regis inge in the registered office address, I s change.	, complete performance stered agent. Or, if this hereby confirm that the	
Britto	ce CANDIA	08/07/2023		
Si	gnature of Registered Agent	Date		
-	ehalf of an entity:			
Grace E. Kirby	Asst. Vice President	<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)