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2024 AUG 27 AM 8: 29 HALLAHASSEEL HUN ..



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 593994 4349717

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 14, 2024

ORDER TIME : 1:02 PM

ORDER NO. : 593994-012

CUSTOMER NO: 4349717

## CHANGE OF AGENT

NAME: STUDIO FOUR DESIGN, INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporatio	517.0502, 607.1508, or 617.1508, Florida Statutes, this in organized under the laws of the State of TN registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: STUDIO FOUR [	DESIGN, INCORPORATED	
		300 ST PETERSBURG, FL 33702	
3. The mailing a	ddress (if different):		
4. Date of incorp	coration/qualification: 03/11/202	2 Document number: F22000001491	
	I street address of the current regi tment of State: (If resigned, enter		
	NORTHWEST REGISTERED	AGENT LLC TARE	
	7901 4 ST N STE 300	SECRETAR: TALLAHA	
	ST PETERSBURG	FE 33702 60-4	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of the control of t		
	Corporation Service Company		
	1201 Hays Street P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
_		e street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
/S/ JOSEPH	H FUREY	JOSEPH FUREY, PRESIDENT	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered a to comply with the provisions of a law familiar with and accept a filed merely to reflect a changle been notified in writing of this a Service Company	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.	
Z) no	as 7 Kubi.	08/27/2024	
-	nature of Registered Agent half of an entity:	Date	
GRACE E. KIRE	BY, ASST. VICE PRESIDENT		
Ty	yped or Printed Name	-	

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