Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

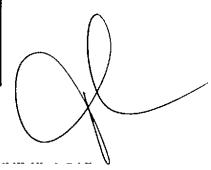
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REGISTERED AGENT CHANGE DUDLEY LAND COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



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

statement of ch	provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ or to change its registered office or registe	ized under the laws of the State of \overline{O}	klahoma
	the corporation: DUDLEY LAND CO	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Loffice address: 5925 N Robinson Av		
	City Oklahoma 73118		
	address (if different): 5925 N Robinso	n Avenue Oklahoma City Okl	ahoma 73118
	poration/qualification: 04/18/2022		
5. The name an	d street address of the current registered apartment of State: (If resigned, enter resigne	gent and registered office on file with	
·	C T CORPORATION SYST		
	1200 SOUTH PINE ISLAND	ROAD	
	PLANTATION, FL 33324		20 St. T
6. The name an (if changed):	d street address of the new registered agen	a (if changed) and for registered offic	
	Northwest Registered Agen	t LLC	-8
	7901 4th St N STE 300		## 8: EE. FI
	St. Petersburg FL 33702	NOT acceptable	39
The street addr as changed wil	ess of its registered office and the street a I be identical.	address of the business office of its	registered agent,
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an o iffed in writing of the change.	officer so
Br Signan	rent Broussard	Brent Broussard - Direct	
l hereby accept l further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or, if this confirm that the
7-N-		1/19/23	
Sig	gnature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Taylor Nev			
τ	Syped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)