## F22000007018

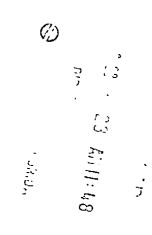
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
al Instructions to Filing Officer:

Office Use Only



700400727807

2023 JAN 23 AN 9: 08



JAN 64 6-3

1201 Hays Tallhasse Phone: 85	e, FL 3							
		ACCOUNT NO.	:	12000000195				
		REFERENCE	:	384999 1 7586795 Tarella Bel Males				
	A	UTHORIZATION	:	Cravella del Maria				
		COST LIMIT	:	\$ 35.00				
		uary 18, 2023						
ORDER TIM	E: 9:	27 AM						
ORDER NO.	: 384	999-002						
CUSTOMER	NO:	7586795						
<u>CHANGE OF AGENT</u>								
lAN	ME:	111721 DELAWA	RE A	ACQUIRECO INC.				
C	ERTIFIED		PRC	OOF OF FILING:				

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or to change its registered office or i	organized under the law	s of the State of	DELAWARE		
1. The name of	the corporation: 111721 DELAWA	RE ACQUIRECO INC.				
2. The principal MIAMI, FL 331	office address: 5000 SW 75 AVEN	NUE STE 202				
3. The mailing a	address (if different): 4405 CHEMIN	DU BOIS FRANC VILLE	ST-LAURENT, QU	JEBEC H4S 1A8 CA		
	poration/qualification: 11/15/2022					
	I street address of the current register timent of State: (If resigned, enter re	•	d office on file w	ith the		
	C T CORPORATION SYSTEM			_		
	1200 SOUTH PINE ISLAND RO	_				
	PLANTATION	FL	33324	26		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Corporation Service Company					
	1201 Hays Street	P.O. Box NOT acceptable	NOT acceptable			
	Tallahassee	FL_	32301	80		
The street addre	ess of its registered office and the s be identical.	street address of the bus	siness office of it	ts registered agent,		
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of d en notified in writing o	irectors or by an f the change.	officer so		
$X_{i}$	e 2 anie	Jill Cilmi, Vice F	President			
Nigrutu	re of an officer or director		d or typed name and ti	tle		
I further agree to of my duties, an document is being corporation has	the appointment as registered age to comply with the provisions of all I am familiar with and accept the filed merely to reflect a change to been notified in writing of this change Service Company	ent and agree to act in the statutes relative to the legation of my position the registered office ange.	his capacity, e proper and con tion as registere, address, I herei	aplete performance d agent. Or, if this by confirm that the		
By: I Ino	ce Cokubi	01/20/2023				
Šigi	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Grace E. Kirby,	Asst Vice President					
Ty	ped 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)