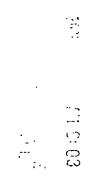
F220000 7556

(Requestor's Name)
(Address)
(Address)
(, <u></u>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

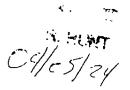


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RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	0. :	12000000	0195			
REFEREN	CE :	385501	8184142			
AUTHORIZATI	ON :					
COST LIM	IT :	\$ 35,00	secree.			
ORDER DATE : April 1, 2024						
ORDER TIME : 12:27 PM						
ORDER NO. : 385501-013					13	
CUSTOMER NO: 8184142						
				-		
<u>CHANGE O</u>	F AGEN	<u>T</u>			~~,	
				, 1; ,	ဩ	
NAME: TEB CAPITAL MANAGEMENT, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna God	bolt					
	EXAMI	NER'S INI	TIALS:			

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Stoom organized under the laws of the State of $\frac{M}{N}$ or registered agent, or both, in the State of Flo	Α
1. The name of t	the corporation: TEB CAPITAL M	1ANAGEMENT, INC.	
		STREET SUITE 1010 BOSTON, MA 02199	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/12/202	Document number: F2200000	7556
	I street address of the current regit tment of State: (If resigned, enter	istered agent and registered office on file with resigned)	the
	C T CORPORATION SYSTEM	и	
	1200 SOUTH PINE ISLAND R	ROAD	
	PLANTATION	FL 33324	
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered offic	e .
-	Corporation Service Company		* * * * * * * * **
	1201 Hays Street		÷ ភូ: មូ
	1201 Hays Olicet	P.O. Box, NOT acceptable	; w
	Tallahassee	FL 32301	
The street addre as changed will	ess of its registered office and the be identical.	ne 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	adopted by its board of directors or by an of been notified in writing of the change.	ficer so
	iomas E. P. Brady, Jr	Thomas E. P. Brady, Jr	Manager
Signatui	re of an officer of director	Printed or typed name and title	
I further agrée i of my duties, an document is bei corporation has	o comply with the provisions of d I am familiar with and accept	reent and agree to act in this capacity. I all statutes relative to the proper and comport the obligation of my position as registered age in the registered office address. I hereby change.	agemi. Or. 11 iius
By: In	are Cokuble	04/01/2024	
_	half of an entity:	Date	
Grace E. Kir	by, Asst. Vice President	_	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 3) CSC 385501

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

CR2E045 (04/13)