F 23 00000000 28

(Requestor's Name)				
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(Business Entity Name)				
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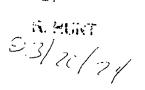
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100425588651

2004 P.C. STATE





CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 365891/ 8322963

AUTHORIZATION :

COST LIMIT : \$ 35.0

ORDER DATE: March 15, 2024

ORDER TIME : 3:41 PM

ORDER NO. : 365891-004

CUSTOMER NO: 8322962

CHANGE OF AGENT

NAME: NEWTERRA CORPORATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statut n organized under the laws of the State of DE r registered agent, or both, in the State of Florid		
1. The name of t	the corporation: NEWTERRA CO	DRPORATION, INC.		
1555 CORAOP	OLIS HEIGHTS RD., STE. 4100	CORAOPOLIS, PA 15108		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/03/202	Document number: F230000000	28	
	d street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	NRAI SERVICES, INC.			
	1200 SOUTH PINE ISLAND R	OAD	2621	
	PLANTATION	FL 33324		
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office ਨੂੰ ਜ਼ਿਸ਼ਤ	2074 E R R 11 M I I : 08	j l
	Corporation Service Company		=	Ç.,41
	1201 Hays Street		08	
	T 11 4	P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its regi	istered a	agent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an offic- been notified in writing of the change.	er so	
/S/ Nik Battaglia		Nik Battaglia, CFO		
	re of an officer or director	Printed or typed name and title		
I further agrée i of my duties, an document is bei corporation has	the appointment as registered as comply with the provisions of all am familiar with and accept no filed merely to reflect a change been notified in writing of this constitute to the company	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby con change. 03/15/2024	perfor nt. Or afirm th	mance if this at the
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President ped or Printed Name	<u></u>		
	* * * FIL1	NG 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)
CSC 365894