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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 637446 8433044

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 11, 2024

ORDER TIME : 1:35 PM

ORDER NO. : 637446-018

CUSTOMER NO: 8433044

\_\_\_\_\_

## CHANGE OF AGENT

NAME: ICONTRACTS, INC.

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	provisions of sections 607.0502, 61 inge is submitted for a corporation	organized under the law	s of the Stat	e of DE	is
	r to change its registered office or		h, in the State	e of Florida.	
1. The name of	the corporation: ICONTRACTS, INC	C			
2. The principal	office address: 214 WEST MAIN S	ST, SUITE 108 MOORE	STOWN, N.	J 08057	
3. The mailing a	ddress (if different):	<u> </u>			
4. Date of incorp	poration/qualification: 02/13/2023	Document n	iumber: F2	3000001338	
	I street address of the current regist tment of State: (If resigned, enter r	<b>-</b>	d office on fi	ile with the	
	FLORIDA FILING & SEARCH S	ERVICES INC.			
	155 OFFICE PLAZA DRIVE, SU	ITE A		<del></del>	
	TALLAHASSEE	FL	32301		
6. The name and (if changed):	street address of the new registere	d agent (if changed) and	l/or registere	SECKETAHAS	3
	Corporation Service Company			<u></u> }	A PERSONAL PROPERTY.
	1201 Hays Street			AH SSEE	-
		P.O. Box. NOT acceptable		1 S 1/2 S 1/4 9:	
	Tallahassee	FL	32301	FL FL FL	
The street addre as changed will	ess of its registered office and the beidentical.	street address of the bus	siness office	of its registere	d agent.
Such change wa	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of d een notified in writing o	irectors or b f the change	oy an officer so	
/s/ Jill	l Cilmi	Jill Cilmi, Vice P	resident		
Signatui	re of an officer or director	Printe	d or typed name	and title	<del></del>
согроганов нах	the appointment as registered age to comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this change.	aange.	his capacity proper and tion as regis address. I h	, I complete perf stered agent. C hereby confirm	ormance )r, if this thát the
By: Mage	2-Kubi	09/12/2024			
· ·	nature of Registered Agent		Date		
II signing on be	half of an entity:				
	BY, ASST. VICE PRESIDENT				
l y	ped or Printed Name				
	* * * FILIN	G 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)