## F93000000248

	(Requestor's Name)					
	(Requestors Name)					
	(Address)					
	(Address)					
•	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Carltian Carlas	Continue of Status					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

Office Use Only



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2023 AUG -9 AM 10: 42



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95		
	REFERENCE	:	920729	8408630		
	AUTHORIZATION	:				
	COST LIMIT	: 0	503500 Ce	Man		
ORDER DATE : A	August 4, 2023					
ORDER TIME :	9:10 AM					
ORDER NO. : 9	920729-086					
CUSTOMER NO:	8408630					
CHANGE OF AGENT						
NAME:	SUSQUEHANNA H	OLD:	INGS, LTD.			
			·			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILI	NG :		
CERTIFIED COPY XX PLAIN STAMPED COPY						
PLAIN 3	SINFED CORI					
CONTACT PERSON:	: Evliena Baker					

EXAMINER'S INITIALS:

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

	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org				_
	r to change its registered office or reg				
1. The name of t	he corporation: SUSQUEHANNA HO	LDINGS, LTD., INC.			_
2. The principal				<del></del>	_
333 S. GARLAN	ND AVENUE, SUITE 1300, ORLAND	O, FL 32801			
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 01/20/1993	Document n	umber: <u>F93000</u>	0000248	
	street address of the current registered truent of State: (If resigned, enter resigned,		d office on file wi	ith the	
	WIDEMAN, EDMUND CIII			_	
	8633 SOUTH BAY DRIVE			2023	
	ORLANDO	FL	32819	AUG LAH	7
6. The name and (if changed):	street address of the new registered a	gent (if changed) and	l/or registered of	Fice SE	r rri
	Corporation Service Company			AM IO: 42	; C
	1201 Hays Street			REP. F.	<u>.</u>
	P.O.	Box NOT acceptable		Þ	
	Tallahassee	FL_	32301	_	
The street addre as changed will	ess of its registered office and the strope identical.	eet address of the bus	siness office of i	ts registered age	nt,
Such change wa authorized by th	is authorized by resolution duly adop the board, or the corporation has been	sted by its board of d notified in writing o	irectors or by an of the change.	officer so	
22	Lapon	Edinage	C. Widen	ran III, Pr	zseler f
-	e of an officer or director	Printe	d or typed name and to		
corporunon nus	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan n Service Company	and agree 10 act in 1 tatutes relative to th bligation of my posi the registered office ge.	this capacity. e proper and con ition as registere e address, I here	mplete performa ed agent. Or if t by confirm that t	nce this the
By: <u>Wrai</u>		08/07/202			_
Sign	nature of Registered Agent\		Date		
If signing on be	half of an entity:				
Grace E. Kirby	, Asst. Vice President				
T	ped or Printed Name				

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

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