F94000003775

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Is. CHATHAM AU6 63 2023

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 927002 : 4324392
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE : August 9, 2023
ORDER TIME : 9:26 AM
ORDER NO. : 927002-063
CUSTOMER NO: 4324392
CHANGE OF AGENT
NAME: T. ROWE PRICE INVESTMENT SERVICES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker

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 nge is submitted for a corporation or its to change its registered office or i	organized under the	law	vs of the State of N	fary lar		
1. The name of t	he corporation: T. ROWE PRICE I	NVESTMENT SER	VIC	CES, INC.		. <u> </u>	
2. The principal	office address: 100 East Value out	, <u>Jennieroj</u>					
3. The mailing a	ddress (if different): 100 East Pra	itt Street, Attn: CF	Α, (OM-2170, Baltimo	re, Mi	D 21202-	<u>·</u> 1009
4. Date of incorp	oration/qualification: 07/19/1994	Docume	nt n	number: <u>F940000</u>)3775		_
	street address of the current registe tment of State: (If resigned, enter re		ere	d office on file with	the		
	C T Corporation System						
	1200 South Pine Island Road				• •	2023 KUS 22	
	Plantation		FL	33324		87.13	٠.
6. The name and (if changed):	street address of the new registered	d agent (if changed)	and	d /or registered offic		قت	• •
	Corporation Service Company					2:03	-3
	1201 Hays Street				• •	ည	
	P	O. Box NOT acceptable		· · · -			
	Tallahassee	<u></u>	FL	32301			
	ss of its registered office and the s be identical.						
Such change wa authorized by th	s authorized by resolution duly ad e board, or the corporation has be	lopted by its board o en notified in writin	of d	directors or by an of of the change.	ficer s	iO	
Xiel	. E GOmi	Jill Cilmi, Vi					
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch Service Company	nt and agree to act I statutes relative to	in to	ed or typed name and title this capacity. e proper and comp ition as registered c e address, I hereby	lete pe	erformance Or, if this m that the	<u> </u>
By: Cli	mlei	08/22/2023					
Sigr	ature of Registered Agent			Date			
If signing on bel	nalf of an entity:						
	Asst. Vice President 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)