F94000009263

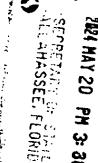
(Requestor's Name)			
(Address)			
(Address)			
· · ·			
(City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	-		
(Business Entity Name)			
(Document Number)			
(Social Control of Con			
Continued Coming			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	O. : I2000000195			
REFERENC	CE : 461710 7704200			
AUTHORIZATIO	ON : Fred Blessen			
COST LIMI	UX			
ORDER DATE : May 8, 2024				
ORDER TIME : 2:17 PM				
ORDER NO. : 461710-003				
CUSTOMER NO: 7704200				
CHANGE OF AGENT				
NAME: THORSON BAK INC.	KER & ASSOCIATES,			
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, 617.0. inge is submitted for a corporation org ir to change its registered office or regi	anized under the laws of the State of _	ОН
1. The name of t	the corporation: THORSON BAKER &	ASSOCIATES, INC.	
	office address: ETSBORO RD RICHFIELD, OH 4428		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/17/1994	Document number: F94000	004263
5. The name and	I street address of the current registered timent of State: (If resigned, enter resigned)	dagent and registered office on file wi	
	REGISTERED AGENT SOLUTIONS	S, INC.	_
	2894 REMINGTON GREEN LANE S	SUITE A	
	TALLAHASSEE, FL 32308		202
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered off	TIL HAY 20
	Corporation Service Company		
	1201 Hays Street		ANIO: 2
	P.O. I	Box NOT acceptable	~ ### 2
	Tallahassee	FL 32301	-
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its	s registered agent.
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ted by its board of directors or by an notified in writing of the change.	officer so
/S/ MICHAE	ELDAVIS	MICHAEL DAVIS	CONTROLLER
Signatui	re of an officer or director	Printed or typed name and tit	lie
l further agree i of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stand I am familiar with and accept the own giled merely to reflect a change in seen notified in writing of this change Service Company	atutes relative to the proper and com bligation of my position as registered the registered office address, I hereb	aplete performance I agent. Or, if this by confirm that the
By: Ju	ne a Company	05/16/2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	BY, ASST. VICE PRESIDENT		
ly	yped or Printed Name	CDD 03500444	
	* * * FILING I	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)