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ALLAHASSEE. FLORID

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

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	ACCOUNT NO.	:	1200000001	.95
	REFERENCE	:	281594	7810011
	AUTHORIZATION	:	(\mathcal{D})	
	COST LIMIT	:	\$ 35-00	dense
ORDER DATE :	January 23, 2024			
ORDER TIME :	1:43 PM			
ORDER NO. :	281594-056			
CUSTOMER NO:	7810011			

CHANGE OF AGENT

NAME: SUMMY-BIRCHARD, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of WY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>SUMMY-BIRCHARD, INC.</u>

2. The principal office address: 777 S. Santa Fe Ave. LOS ANGELES, CA 90021

The mailing address (if different):

Document number: F94000006282 4. Date of incorporation/qualification: 12/09/1994

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) =

	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROAD	HAS -	,	-		
	PLANTATION	FL	33324	SEE.	2	Π
6. The name and (if changed):	street address of the new registered agent (if	d office IDA	11:41	U		
	Corporation Service Company					
	1201 Hays Street					
	P.O. Box, NO					
	Tallahassee	FL	32301			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill Cilmi, Vice President Printed or typed name and title

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

Kupi By: Signature of Registered Agent

02/08/2024

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed 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)