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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 282220 8363

AUTHORIZATION : Squal

COST LIMIT : \$ \(\frac{3}{5} \).00

ORDER DATE: December 6, 2021

ORDER TIME : 3:06 PM

ORDER NO. : 282220-005

CUSTOMER NO: 8363307

CHANGE OF AGENT

NAME: EVERRIS NA 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	mge is submitted for a c	corporation organized	07.1508, or 617.1508, Florida Statutes under the laws of the State of CALIFO	ORNIA	
in orde	r to change its register	red office or registered	agent, or both, in the State of Florida.		
1. The name of	the corporation: EVER	RIS NA INC.			
2. The principal CREVE COEU	office address: 622 EN	MERSON ROAD, SUI	TE 500		
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 05/10/1996 Document number: F96000002342					
	d street address of the criment of State: (If resig	•	and registered office on file with the		
	C T CORPORATION	N SYSTEM		21	
1200 SOUTH PINE ISLAND ROAD				2021 [
	PLANTATION		FL 33324) - 5	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		Mi 8: 12		
	Corporation Service	Company	 	2	
1201 Hays Street					
	P.O. Box NO Facceptable				
	Tallahassee		FL 32301		
The street addre as changed will	ess of its registered off be identical.	ice and the street add	ress of the business office of its regist	ered agent,	
Such change wa authorized by th	as authorized by resolune board, or the corpor	ition duly adopted by ation has been notifie	its board of directors or by an officer d in writing of the change.	so	
Xie E. agni		J	Jill Cilmi, Vice President		
()	re of an officer or director		Printed or typed name and title		
l further agree i of my duties, an document is bei corporation has	to comply with the pro	visions of all statutes nd accept the obligati ect a change in the re ng of this change.	ree to act in this capacity. relative to the proper and complete p on of my position as registered agent gistered office address, I hereby confi	erformance Or, if this rm that the	
By: <u>X Ing</u>	ce Co-Kuble		2/06/2021		
	nature of Registered Agent half of an entity:		Date		
	Asst Vice President				
٠,	And or a come come				

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