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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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124 NOV 20 AM 10: 33

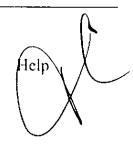
REGISTERED AGENT CHANGE THE STUDENT CONSERVATION ASSOCIATION, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



Ta;

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

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of New York stered agent, or both, in the State of Florida.	_	
	the corporation: The Student Conservation office address: 1310 N. COURTHOUSE	on Association, Inc. ROAD, SUITE 110, ARLINGTON, VA 22201	_	
4. Date of incoη	poration/qualification: 06/13/1996	Document number: F96000002964		
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the ned)		
	CSC THE UNITED STATES CORP.			
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office 20 20 20 20 20 20 20 20 20 20 20 20 20	e ope	
	C T Corporation System	DAY 2		
	1200 South Pine Island Road			
		ox NOT acceptable	C	
	Plantation, Florida 33324	ASSET OF ALL STATE		
The street address changed will	ess of its registered office and the stree he identical.	et address of the business office of its registered age	nt,	
Such change was authorized by the	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or by an officer so lotified in writing of the change.		
/s/	BARBARA MCINTOSH	BARBARA MCINTOSH, SECRETARY		
Signatu	re of an officer of director	Printed or typed name and title	-	
l further agree i of my duties, an document is bei corporation has	t been notified in writing of this chang	itutes relative to the proper and complete performa digation of my position as registered agent. 'Or, if t he registered office address, I hereby confirm that t	ice his he	
C T Corporation	San Chairman	11/18/2024		
Sig	nature of Registered Agent	Date	-	
If signing on be	half of an entity:			
SEAN L. EMER	ICK, ASSISTANT SECRETARY			
r _:	yped or Printed Name			
	* * * FILING F	EE: \$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)

By: