F96000003935

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer.						

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S. CHATHAM AUG 2 3 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 : 9:27 AM						
ORDER NO. : 927002-123						
CUSTOMER NO: 4324392						
CHANGE OF AGENT						
NAME: T. ROWE PRICE TRUST COMPANY						
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, 617 or a corporation or to change its registered office or re	rganized under the law	vs of the State of Mar	yland	
	-		,,		
 The name of t The principal 	he corporation: T. ROWE PRICE Toffice address: 100 East Pratt Street	et, Baltimore, MD 212	02-1009		
3. The mailing a	ddress (if different): 100 East Prat	t Street, Attn: CFA, ON	M-2170, Baltimore, MI	D 21202-1009	
	poration/qualification: 08/01/1996		umber: <u>F960000039</u>		
5. The name and	street address of the current registe tment of State: (If resigned, enter re	red agent and registered		e	
	C T Corporation System			2023 AUG	
	1200 South Pine Island Road			JG 22	
	Plantation	FL	33324	- <u>-</u>	
6. The name and (if changed):	street address of the new registered	agent (if changed) and	/or registered office	2:03	
	Corporation Service Company				
1201 Hays Street					
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301		
The street addre as changed will	ss of its registered office and the st be identical.	reet address of the bus	siness office of its reg	istered agent,	
Such change wa authorized by th	s authorized by resolution duly ade e board, or the corporation has bee	opted by its board of d in notified in writing o	irectors or by an offic f the change.	er so	
Jill Cilmi, Vice President		President			
/ TYPE	e of an officer or director		ed or typed name and title		
corporation nas	the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha a Service-Company	nt and agree to act in the statutes relative to the obligation of my posion the registered officeinge.	his capacity e proper and complete tion as registered age e address, I hereby con	e performance int. Or, if this infirm that the	
By: Cei	mley	08/22/2023			
If signing on bel	nature of Registered Agent nalf of an entity:		Date		
	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)