F91000002991

Office Use Only



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FILED
2023 NOV -2 PH 1: 14

SUR NOV -2 PH 4: 11

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO	. :	12000000	195	
	REFERENCI	3 :	100040	8039546	
	AUTHORIZATION	: 1			
	COST LIMIT	: 1	\$ 35.00	lenon	
ORDER DATE : C	October 31, 202	23			
ORDER TIME : 1	.0:30 AM				
ORDER NO. : 1	.00040-022				
CUSTOMER NO:	8039546				
	-				
CHANGE OF AGENT					
NAME:	NORDEV, INC.				
PLEASE RETURN T	HE FOLLOWING A	AS PR	OOF OF FIL	ING:	
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
	τ	TMAY	NED/C THITT	TATC.	

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of DELAWARE registered agent, or both, in the State of Florida.
1. The name of t	the corporation: NORDEV, INC.	
2. The principal	office address: 200 SOUTH DIVISION	ON STREET BUFFALO, NY 14204
2. The same life and	11 (16.4100)	
-	ddress (if different):06/09/1997	Document number: F97000002991
	,	
	I street address of the current registe timent of State: (If resigned, enter re	ered agent and registered office on file with the signed)
	MCDONOUGH, BRIAN J	
	150 W. FLAGLER ST., STE. 220	0 PALL 0 T
· ·	MIAMI	FL 33130
6. The name and (if changed):	_	I agent (if changed) and /or registered office C
	Corporation Service Company 1201 Hays Street	——————————————————————————————————————
		O, Box NOT acceptable
	Tallahassee	FL 32301
		treet address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly ad- ne board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
Xiel	2 aoni	JILL CILMI, VICE PRESIDENT
	e of an officer or director	Printed or typed name and title
I furifiér agrée i of my duties, an docúment is bei corporation has	to comply with the provisions of all	nt and agrec to act in this capacity. I statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
By: Ilo	co Cokubie	11/01/2023
_	half of an entity:	Date
	-	
	ped or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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