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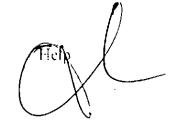
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## REGISTERED AGENT CHANGE LANCER MANAGEMENT COMPANY, INC.

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Corporate Filing Menu



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

statement of cha	nge is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida Statutes, t nized under the laws of the State of <u>New York</u> tered agent, or both, in the State of Florida.	
1. The name of t	the corporation: LANCER MANAGEME	INT COMPANY, INC.	
2. The principal	office address: 370 West Park Ave.		
2 [	Long Beach, NY 11561		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/29/1997	Document number: F97000006894	
	d street address of the current registered attent of State: (If resigned, enterresign	agent and registered office on file with the ed)	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		2
6. The name and (ifchanged):	I street address of the new registered age	ent (if changed) and /or registered office	2023 JAN -4
	C T Corporation System		<del>-</del>
	1200 South Pine Island Road		로 :
P.O Box NOI acceptable		ix NOT acceptable	8: 1.2
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its register	ed agent.
Such change was authorized by the	ns authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.	)
-s: Rosar	io DeVito	Rosario DeVito, Vice President	
-	re of an officer or director	Printed or typed name and title	- <del></del>
I further agree I of my duties, an dociment is bei corporation has	the appointment as registered agent at to comply with the provisions of all sta ad I am familiar with and accept the ob- ny filed merely to reflect a change in the Seen notified in writing of this change	id agree to act in this capacity. Itites relative to the proper and complete per ligation of my position as registered agent, he registered office address. I hereby confirm.	formance Or, if this n that the
C T Corporation	System San Chairle	12/28/2022	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
Ţ,	yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	
M	MAKE CHECKS PAYABLE TO FI. ah. to: Division of Corporations, I	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (04/13)

By: