## F99000003008

-	(Requestor's Name)					
	(Address)					
	(Address)					
	(100.000)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
_						
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
<del></del>						
Special Instructions to	Filing Officer:					
L						

Office Use Only



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SECRETARY OF STAGE TALLAHASSEE, FL

2022 FEB 21 PH 3: 31

O SIMMONS FEB 2 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 490676 8370990

AUTHORIZATION :

COST LIMIT : \$ \( \delta \delt

ORDER DATE : February 16, 2022

ORDER TIME : 1:47 PM

ORDER NO. : 490676-007

CUSTOMER NO: 8370990

\_\_\_\_\_

## CHANGE OF AGENT

NAME: ADVERTISING SPECIALTY

INSTITUTE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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

statement of cha	provisions of sections 607.0502, 61 mge is submitted for a corporation r to change its registered office or	organized under the lav	vs of the State of _	PA	<del> </del>	
1. The name of t	the corporation: ADVERTISING SF	PECIALTY INSTITUTE,	INC.			
	office address: 4800 STREET RD					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 06/07/1999	Document r	number: <u>F990000</u>	03008	<u> </u>	_
	I street address of the current regist tment of State: (If resigned, enter r		d office on file wi	th the		
	NRAI SERVICES, INC					
	1200 South Pine Island Road				20	
	Plantation	FL	33324	ECRE	2022 FEB	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office			AEAS 25/25/25/25/25/25/25/25/25/25/25/25/25/2	2	
(	Corporation Service Company			SES.	ЛН 9:	M
	1201 Hays Street			卫某	69 :	
P.O. Box NOT acceptable						
	Tallahassee	FL	32301	-		
The street addre	ss of its registered office and the be identical.	street address of the bus	siness office of its	s registered	agent,	
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of deen notified in writing o	irectors or by an of the change.	officer so		
Senature of an officer or director		Jill Cilmi		Vice President		
I hereby accept I further agree to of my duties, and document is being corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this changer to service Company	ent and agree to act in t ll statutes relative to the ne obligation of my posi e in the registered office	d or typed name and till this capacity, e proper and com tion as registered e address, I hereb		rmance ; if this hat the	
By: Dra	en t-Kuble	02/21/2022				
	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
Grace E. Kirby, A	Asst. Vice President					
Ty	ped or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE