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(Requestor's Name)				
(Address)				
(Address)				
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A. BUTLER MAY 3 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 709392 8304933

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: May 26, 2022

ORDER TIME : 1:43 PM

ORDER NO. : 709392-010

CUSTOMER NO: 8304933

CHANGE OF AGENT

NAME: BECKER PROFESSIONAL

DEVELOPMENT CORPORATION

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 ch	ange is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of	DELAWARE
		ice or registered agent, or both, in the State of I	
		OFESSIONAL DEVELOPMENT CORPORAT	TON
2. The principa CHICAGO, IL		ONROE STREET 28TH FLOOR	-
		1000	
	poration/qualification: 12/29/		
5. The name an Florida Depa	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file wi enter resigned)	th the
	FLORIDA FILING & SEAR	CH SERVICES, INC.	
	155 OFFICE PLAZA DRIVE	E SUITE A	20°
	TALLAHASSEE, FL 32301		2022 HAY 2 SECRETAL
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered offi	
	Corporation Service Compa	iny	OF ST
	1201 Hays Street		22 FIL
	T-10-1	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its	registered agent,
Such change we authorized by the	is authorized by resolution du ie board, or the corporation ha	aly adopted by its board of directors or by an case been notified in writing of the change.	officer so
Signistr	of an on receptor director	James Fox, C. F.	· 0·
I hereby accept- I further agree to of my duties, and document is bein corporation has	the appointment as registeres	d agent and agree to act in this capacity. of all statutes relative to the proper and comp opt the obligation of my position as registered ange in the registered office address. Thereby	
By: Drac		05/27/2022	
Sign If signing on bel	nalf of an entity:	Date	
Grace E. Kirby, A	Asst Vice President		
Ту	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)