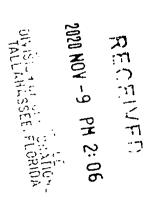
H97402

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

Office Use Only



300354928723





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 501993 4816304 AUTHORIZATION : Spelle Box COST LIMIT : \$ 35.00						
ORDER DATE: November 6, 2020 ORDER TIME: 11:43 AM ORDER NO.: 501993-005 CUSTOMER NO: 4816304						
CHANGE OF AGENT						
NAME: VERHI, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Amanda Robinson EXT# EXAMINER:						

Sign Envelope ID: 6F84A622. 38D5-41B9-9DAA-42F67A04861F STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617 nge is submitted for a corporation or r to change its registered office or re	rganized under the law	vs of the State o	f Florida	a	<u>—</u>
1. The name of t	he corporation: Verhi, Inc.					
2. The principal	office address: 824 Creighton Road,	Pensacola, FL 32504	4			
_			•			
4. Date of incorporation/qualification: 02/04/1986 Document number: H97402						
	street address of the current register tment of State: (If resigned, enter res	_	d office on file	with the		
	Gavin, Steven L.				20	
	824 Creighton Road			: 	2020 NOV	
	Pensacola	FL	32504		9-1	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offic				AM 8: 3	
	Corporation Service Company 1201 Hays Street					
	P.O. Box NOT acceptable Tallahassee FL 32301					
as changed will	ss of its registered office and the st be identical. s authorized by resolution duly add the board, or the corporation has bee					igent,
Thomas C Gritner		Thomas Hartma	in	Sec	retary	
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha wature of Registered Agent	t and agree to act in t	this capacity. this capacity. the proper and caption as register address, I her		verfori t. Or Irm th	nance if this at the
If signing on bel	half of an entity:	Amanda Robinson Asst. Vice President				
Corporation S	ervice Company	Fresident				
Ty	ped or Printed Name	1 DDD - 045-00 + + + +				

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