K97237

	(Requ	iestor's I	Name)			
·	(Addr	ess)				
	(Addr	ess)				
	(City/S	State/Zip	/Phone	#)		
PICK-UP	•	□ v	VAIT			MAIL
	/D.,	En	dy Name			
	(Busii	ness Em	ity Name	!)		
	(Docu	iment Ni	umber)			
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Office Use Only



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022 FEB -3 PM 3:5

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

		ACCOUNT NO	. :	1200000	00195	
		REFERENCI	Ξ :	458143	4329717	
		AUTHORIZATIO	· ·	,	Λ	
		COST LIMIT	Γ:	\$23.50.00	denon	
ORDER	DATE :	February 3, 202	22			
ORDER	TIME :	3:07 PM				
ORDER :	NO. :	458143-010				
CUSTOM	ER NO:	4329717				
			-			
		CHANGE OF	AGEN	<u>IT</u>		
	NAME:	T.D. HOLDING	G COR	P.		
PLEASE	RETURN	THE FOLLOWING A	AS PR	OOF OF F	ILING:	
	_	FIED COPY				
<u>XX</u>	_ PLAIN	STAMPED COPY				

EXAMINER: _____

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	nge is submitted for a corporation	517.0502 , 607.1508 , or 617.1508 , Florida 8 in organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of F	=L
1. The name of t	he corporation: T.D. HOLDING C	ORP.	
2. The principal	office address: 800 3RD AVENU	E 5TH FLOOR NEW YORK, NY 10022	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 06/22/198	9 Document number: K97237	
5. The name and		stered agent and registered office on file wit	
	THE PRENTICE-HALL CORPO	ORATION SYSTEM INC.	
	1201 HAYES ST STE 105		
	TALLAHASSEE	FL 32301	2072 FEB
6. The name and (if changed):	ice E		
	Corporation Service Company		1254 1115 1115 1115
	1201 Hays Street		1.2 153
	Tallahassee	P.O. Box NOT acceptable FL 32301	· co
The street addre			s registered agent
		e street address of the business office of its	
Such change wa	is authorized by resolution duly ie board, or the corporation has t	adopted by its board of directors or by an obeen notified in writing of the change.	officer so
	1 en Vi	Mark Kassner	CFO
I hereby accept I further agreet of my duties, and document is bein corporation has	a cample with the provisions of	gent and agree to act in this capacity. all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address. I hereb change.	nlete nerformanc
By: Draining	Lature of Registered Agent	02/03/2022 Date	
If signing on bel	half of an entity:		
	Asst. Vice President ped or Printed Name	_	
		NG FEE: \$35.00 * * *	
	MANE CHECKS BAVADIS	TO PLODIDA DEDARTMENT OF STATE	

MAKE CHECKS PAYABLEITO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)