## M07000001289

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	). :	12000000	0195					
REFERENC	CE :	435363	8099729					
AUTHORIZATIO	ON :	C.M	M					
COST LIMI	T :	\$ 25 0	Lena					
ORDER DATE : April 25, 2024	<del>-</del> l							
ORDER TIME : 1:40 PM								
ORDER NO. : 435363-007								
CUSTOMER NO: 8099729								
CHANGE OF AGENT								
NAME: PKF CLEAR THINKING LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY  XX PLAIN STAMPED COPY								
CONTACT PERSON: Shauna Godb	oolt							
	EXAMI	NER'S INI	TIALS:					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: PKF CLEAR	THINKING	3 L	TC
2.	(a)	20 Commerce Dr.		(b)	20 Commerce Dr.
	( <del>-</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Suite 301			Suite 301
		Cranford, NJ 07016			Cranford, NJ 07016
		03/05/2007		٨	M07000001289
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
	()	Registered Agent and Registered Office shown on the records	of the Flori	da I	Dept. of State:
		DIERCKS, PATRICK			
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE.	<u>SS)</u>	芦苇竹
		13115 65T STREET E			R2
		PARRISH .	FL 34219	)	FILED TALLAHASSEE, FLORIDA Iress:
	(b)				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>red Office :</u>	<u>ıdd</u>	lress:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			<del></del>
		Tallahassee	32301		
		·	FL. <u>0200</u>		
cha age was	inge ent w s/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the street authorized.	the registe l liability or s of the li	rec con mit	mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		S/ Anthony Capellupo	Ar —	the	ony Capellupo, Chief Financial Officer
	-	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to t	visio obli nere	in writing of this change.	igree to a deeperform ded for in I hereby	ct i nar Cl cor	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
		re of Registered Agent E. Kirby, Asst. Vice President	N D - 42		T. D. L

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 435363-7