## H01000004828

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
APR - 8 2022				

Office Use Only



300385139143

2022 AFR -7 PH 3: 31

FILED
2022 APR -7 AM 8: 46

CORPORATION SERVICE COMPANY

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

ACCOUNT NO.	: I2000000195				
REFERENCE	: (5905627 8307562				
AUTHORIZATION	men de ra				
COST LIMIT	: \$ 25.00				
ORDER DATE : April 5, 2022					
ORDER TIME : 1:42 PM					
ORDER NO. : 590562-014					
CUSTOMER NO: 8307562					
	•				
<u>CHANGE OF AGENT</u>					
NAME: PEARL CARROLL	& ASSOCIATES LLC				
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAI	MINER'S INITIALS:				

## 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. N	ame of the limited liability company: PEARL CARRO	OLL & ASS	SOCIATES	S LLC		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<i></i>	Mailing address of lin	nited liability company: POST OFFICE BOX)	
	13 AIRLINE DRIVE		1200 E. GLEN AVE			
	ALBANY, NY 12205		PEORIA	HEIGHTS, IL 616	16	
	08/09/2007		M0700000	04828		
3.	Date of filing/registration in Florida	4.		Document numb	er	
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	nte:		
	C T CORPORATION SYSTEM					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	<del></del>		
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION FI	33324		_	<b>20</b> TAL	
				_	FII 1022 APR - SECRETAR ALLAHASS	
(b)				_	器 卫	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ado	<u>lress</u> :		SET -	
	Corporation Service Company			_	F S M	
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, FI	32301		_		
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability cor of the limi	d office ar npany, it i ted liabili	nd the business off is hereby confirme ty company or as o	ice of the registered ed that the change(s)	
70711244116 1305411				, Authorized Perso	n	
Signa	ature of a member or authorized representative of a member			Printed or typed nar	me of signee	
provis the ob to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act i performa d for in C hereby co.	in this cap nce of my hapter 60, nfirm that	pacity. I further ag duties, and I am fo 5, F.S. Or, if this a the limited liabilit	gree to comply with the amiliar with and accept document is being filed ty company has been	
-	s/Grace E. Kirby		Grace F	E. Kirby, Asst Vice	President	
Signati	ire of Registered Agent		<u> </u>			