

11000002524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____

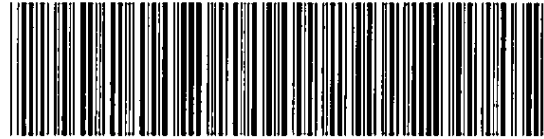
Certificates of Status _____

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24 FEB 13 AM 9:41
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2024 FEB 13 PM 3:41
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 303084 4713582

AUTHORIZATION :

COST LIMIT :

[Handwritten signature]
~~\$257.00~~

ORDER DATE : February 1, 2024

ORDER TIME : 1:34 PM

ORDER NO. : 303084-222

CUSTOMER NO: 4713582

CHANGE OF AGENT

NAME: PRIZZMA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

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.

INIS18 (2/14)