## M110000003744

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CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195					
REFERENCE : 082887 4379710					
AUTHORIZATION: Syncholic man					
COST LIMIT : \$ 25.00					
ORDER DATE: October 20, 2023					
ORDER TIME : 2:32 PM					
ORDER NO. : 082887-005					
CUSTOMER NO: 4379710					
CHANGE OF AGENT					
NAME: HENRY COMPANY LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'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.

2. (a) Principal office address of limited liability company:    National According to the Street Agent and Conference of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida bility company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the obligations of all statutes relative to the proper and complete performance of my duties, and I am failure of the obligations of any position as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am failure with a being the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am failure with and accept the obligations of my position are registered office address. I hereby confirm that the limited liability company has been quicked in writing of his change.    Signature of Registered Agent   Crace E. Kirby, Asst Vice President	1. 1	Name of the limited liability company: HENRY COMF	PANY LLC	
Principal office address of limited liability company:  \( \text{Nate: MAT BE STREET ADDRESS} \)  336 COLD STREAM ROAD  KIMBERTON, PA 19442  \( \text{M11000003744} \)  3. Date of filling/registration in Florida  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  UNITED AGENT GROUP INC.  Registered Office Address:  \( M21000000000000000000000000000000000000	2. (a	)	(b)	,
KIMBERTON, PA 19442  O7/13/2011  M11000003744  3. Date of filing/registration in Florida 4. Document number  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  UNITED AGENT GROUP INC.  Registered Office Address  MUST BE FLORIDA STREET ADDRESS)  801 US HWY 1  N PALM BEACH  FL 33408  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  FL 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida initied liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Jill Cilmi, Authorized Person  Finance or symptomic or gree to comply with the provisions of all stratuses relative to a member.  Jill Cilmi, Authorized Person  Finance or symptomic as registered agent as provided for in Chapter 603, F.S. Or, this document is being filed in writing of this charge.  Grace E. Kirby, Asst Vice President		Principal office address of limited liability company:		Mailing address of limited liability company:
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