N09 00000 3939

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Dertified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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RAROCHS

JAN 27 2021 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 9, 2020

Order#: 537583/046

Re: SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL FACILITY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are my problems or questions with this filing, please call our office.

NCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga r to change its registered office or regis. | nized under the law | vs of the State of FL | this |
|--|--|--|---|--|
| 1. The name of t | he corporation: South FLORIDA CHAPTER (| OF THE INTERNATION | AL FACILITY MANAGEMENT A | SSOCIATION, INC |
| | office address: 800 Gessner STE 900, | | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incom | poration/qualification: 04/21/2009 | Document r | number: N09000003939 | |
| | I street address of the current registered tment of State: (If resigned, enter resign | • | d office on file with the | |
| | CT CORPORATION SYSTEM | · · · · · | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | • |
| | PLANTATION | FL | 33324 | |
| 6. The name and (if changed): | d street address of the new registered age | ent (if changed) and | 1 /or registered office | = |
| | Corporation Service Company | | | 약 |
| | 1201 Hays Street | | | <u>ल</u> 53 |
| P.O Box NOT acceptable | | | | |
| | Tallahassee | FL | 32301 | |
| The street addre as changed will | ess of its registered office and the stree be identical. | t address of the bu | siness office of its regist | ered agent, |
| Such change wa authorized by th | as authorized by resolution duly adopte ne board, or the corporation has been n | ed by its board of dotified in writing o | lirectors or by an officer of the change. | so |
| χ | el P COME | Jitt Cilmi, Vice F | resident | |
| I hereby accept I further agree of my duties, an document is bei corporation has | the appointment as registered agent as to comply with the provisions of all stand I am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change in Service Company | nd agree to act in t tutes relative to the ligation of my post he registered office | ed or typed name and title this capacity, e proper and complete p ition as registered agent e address, I hereby confi | erformance Or, if this rm that the |
| By: Dire | ica Takishi a | 12/08/2020 | | |
| Sig | nature of Registered Agent | | Date | |
| ti zigiting on be | half of an entity: | | | |
| | Asst. Vice President | | | |
| Т | yped or Printed Name | | | |

* * * FILING FEE: \$35.00 * * *

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