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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Email Address:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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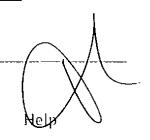
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REGISTERED AGENT CHANGE MARION COUNTY BAR ASSOCIATION, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | inge is submitted for a corporation orge | 502, 607.1508, or 617.1508, Florida Statutes. unized under the laws of the State of <mark>Florida</mark> stered agent, or both, in the State of Florida. | this |
|-------------------------------------|---|--|----------------------|
| 1. The name of | the corporation: Marion County Bar Ass | ociation, Inc. | |
| | office address: 7901 4th St N STE 300 | | |
| St. Petersburg F | | | |
| | address (if different): P.O. Box 6075 Oce | ala FL 34478 | |
| | poration/qualification: 01/04/1989 | Document number: N30029 | |
| | d street address of the current registered timent of State: (If resigned, enter resigned) | agent and registered office on file with the ned) | |
| | Davis, Robert | | |
| | 110 N.W. 1st Avenue Room 201 | | |
| | Ocala, FL 34475 | | 2024 |
| 6. The name and (if changed): | I street address of the new registered ag | ent (if changed) and /or registered office | 2024 CCT 31 NH 9: 35 |
| | Northwest Registered Agent LLC | | 豆 |
| | 7901 4th St N STE 300 | | بي |
| | P.O. E St. Petersburg FL 33702 | NOT acceptable | 35 |
| The street addre as changed will | ess of its registered office and the stree be identical. | et address of the business office of its registe | ered agent, |
| · | | ed by its board of directors or by an officer notified in writing of the change. | so |
| Robe | entDavis | Robert Davis - P | |
| Lhereby accent | the annointment as registered agent a | Primed or typed name and one and agree to act in this capacity, atutes relative to the proper and complete poligation of my position as registered agent, the registered office address, I hereby confice. | |
| 7-1 N- | nature of Registered Agent | 10/31/2024 | |
| | | Date | |
| lf signing on be | half of an entity: | | |
| Taylor Newman | | | |
| T ₂ | yped or Printed Name | | |
| | * * * £11.1XC b | ルド・ぐさく りひ * * * | |