| (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: | | | |
| | | | |
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| | | | |

Office Use Only



200408344402

RA & RO Change



A. RAMSEY MAY 2 2 2023 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 758536 8374208

AUTHORIZATION : CARLES & O.

COST LIMIT : (\$'35.00

ORDER DATE: May 18, 2023

ORDER TIME : 9:17 AM

ORDER NO. : 758536-005

CUSTOMER NO: 8374208

CHANGE OF AGENT

NAME: THE MERIDIEN COMPANIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

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

| statement of cha | provisions of sections 607.0502. 617.0 nge is submitted for a corporation org r to change its registered office or reg | ganized under the laws of th | e State of Florida | |
|--|--|--|---|-------------|
| 1. The name of t | he corporation: The Meridien Compa | nies, Inc. | | |
| 2. The principal | office address: 203 N. Lewis Street, I | agrange, GA 30240 | | - |
| 3. The mailing a | ddress (if different): | | | _ |
| 4. Date of incorp | poration/qualification: January 7, 200 | 4 Document number | . P0400006794 | |
| | street address of the current registere tment of State: (If resigned, enter resigned) | | e on file with the | |
| | Incorp Services, Inc. | | | |
| | 3458 Lakeshore Drive | | 2023 HAY 19 | |
| | Tallahassee | FL 3231 | 2 | - |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office Corporation Service Company | | | |
| | 1201 Hays Street | | | |
| P.O Box NOT acceptable | | | | |
| | Tallahassee | FL 3230 | 1 | |
| The street addre as changed will | ss of its registered office and the stre be identical. | et address of the business | office of its registered agent | |
| Such change wa authorized by th | s authorized by resolution duly adop e board, or the corporation has been | ted by its board of director notified in writing of the c | s or by an officer so hange. | |
| RIPAT | 6 | Hiram Speer Burdette | CEO | |
| • | e of an officer or director | -, | d name and title | |
| I jurther agree to of my duties, and document is bein corporation has | the appointment as registered agent o comply with the provisions of all side of a least of this change in Service Company | atutes relative to the prope bligation of my position as the registered office addre | pacity. er and complete performanc registered agent. Or, if th ess, I hereby confirm that th | e S 2 |
| By: | nature of Registered Agent | | ate | |
| Lindsey M. Baroni | ie. Assistant Vice President nalf of an entity: | | | |
| n aigning on bei | ian or an entity. | | | |
| Ty | ped or Printed Name | | | |

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