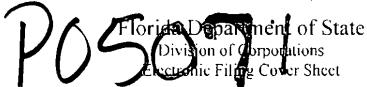
From: Kaity Toon

11/7/22, 11:21 AM

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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## REGISTERED AGENT CHANGE COVERDELL & COMPANY, INC.

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

•	<del>-</del>	617.0502, 607.1508, or 617.1508, Florida Statutes, this
_		on organized under the laws of the State of <u>Illinois</u> or registered agent, or both, in the State of Florida.
	•	
1. The name of t	he corporation: COVERDELL &	COMP CHI, INC.
2. The principal	office address: 2850 Golf Road, R	Colling Meadows, IL 60008-4050
3. The mailing a	ddress (if different):	
4. Date of incorp	ooration/qualification: 02/20/1983	Document number: P05071
	street address of the current regi tment of State: (1f resigned, enter	istered agent and registered office on file with the rresigned)
	CORPORATION SERVICE COM	MPANY
1201 HAYS STREET		2022 t
	TALLAHASSEE, FL 32301	
6. The name and (ifchanged):	I street address of the new registe	erred agent (if changed) and /or registered offic
	C.T Corporation System	
	1200 South Pine Island Road	
P.O. Box NOT acceptable		P.O. Box NOT acceptable
	Plantation, Florida 33324	
The street addre as changed will	ess of its registered office and the be identical.	te street address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
/s/DONNA JENNER		DONNA JENNER, SECRETARY
<del>-</del>	re of an officer or director	Printed or typed name and title
CT Corporation	s been notified in writing of this Svetom	igent and agree to act in this capacity. If all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, if this tige in the registered office address, I hereby confirm that the change.
C I Golpoidion.	ge Una	11/01/2022
Sig	nature of Registered Agent	i)arc
If signing on be	half of an entity:	
JOE DAVIS, AS	ST. SECRETARY	
ľ	sped or Printed Name	_

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

By: