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Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for: future annual report mailings. Enter only one email address please.** Email Address:____ REGISTERED AGENT CHANGE ECONOMIC INSIGHTS, INC.

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JAN 19 2023

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

statement of ch	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe.	zed under the laws of the State of E	lorida	his
	the corporation: Economic Insights, I	·		
	l office address:			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 03/03/06	Document number: P06000	031760)
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		h the	
	Sunshine Corporate Filings	LLC		
	7901 4th St N Suite 300			
	ST Petersburg, FL 33702		T.e.:	2023
6. The name an (if changed):	d street address of the new registered agent	(if changed) and /or registered offi	ce j	2023 JAN 18
	Registered Agents Inc		:-=:	<u> </u>
	7901 4th St N STE 300	NOT acceptable	100	<u> </u>
	St. Petersburg FL 33702	NOF acceptable	, and	9
The street addr as changed will	ess of its registered office and the street a be identical.	ddress of the business office of its	register	ed agent.
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been noti	by its board of directors or by an effect in writing of the change.	officer so	}
James Kevin F Signature of an officer or director James Kevin F Printed or ty		James Kevin Hayes, Di	rector	·····
l further agree of my duties, ar document is be	the appointment as registered agent and to comply with the provisions of all status ad I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	agree to act in this capacity. Tes relative to the proper and compation of my position as registered registered office address, I hereby	olete per agent. (confirn	formance Or, if this withat the
Tank Jakoba		1/18/2023		
Sig	mature of Registered Agent	Date		
	half of an entity:			
David Rob				
T	yped or Printed Name			
	* * * FILING FEE	1: \$35.00 * * *		