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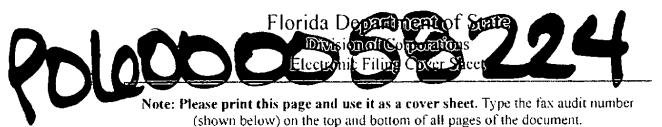
2022-01-24 09:26:57 PST

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From: Kaity Toon

1/24/22, 11:25 AM

Division of Corporations



(((H22000030449 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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 CORERX, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	
	CORERY INC	• •	
The name of the c The principal offi	corporation: 14205 Mycrłake Circl	le, Clearwater FL 33760	
3. The mailing addre	ess (if different): Same		
4. Date of incorpora	tion/qualification: 04/24/2006	Document number: P06000058224	
	eet address of the current registe int of State: (If resigned, enter re	ered agent and registered office on file with the signed)	2027
DAY	VIAU, TODD R		nżz Jah
	1205 MYERLAKE CIRCLE		11 21,
	CLEARWATER, FL 33760		
6. The name and structure (if changed):	eet address of the new registered	d agent (if changed) and for registered office	
С	T Corporation System		•
120	00 South Pine Island Road		٠,
	P	O. Box NOT acceptable	
Pla	intation, Florida 33324		
The street address of as changed will be	of its registered office and the sidentical.	street address of the business office of its registered a	igent,
Such change was at authorized by the b	uthorized by resolution duly adourd, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
Lein	Licker	. Kelli Tucker, Director of Supply Chain	
I hereby accept the I further agree to co of my duties, and I document is being J corporation has be	an olicer of director appointment as registered age comply with the provisions of al am familiar with and accept th filed merely to reflect a change en notified in writing of this ch	Protest or types take and title int and agree to act in this capacity. I statutes relative to the proper and complete perform e obligation of my position as registered agent. Or the in the registered office address, I hereby confirm the ange. 1/18/2022	nance if this at the
C T Corporation Sys	Cumply Activ	0102022	
Signatur	e of Registered Agent	Date	
If signing on behalf	Fof an entity:		,
CHRISTINE KELM AS	SSISTANT SECRETARY		
Typed	or Printed Name		•
•	* * * FILIN	G FEE: \$35.00 * * *	
 Mail		O FLORIDA DEPARTMENT OF STATE NS, P.O. BOX 6327, TALLAHASSEE, FL 32314	•

CR2E045 (04/13)

By: