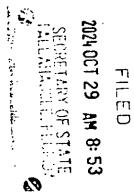
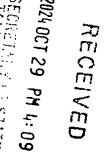
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/29/2024						
Name:	Patrice Rush						
Reference #	2477524	-					
Entity Name	TOTES ISOTOM	ER CORPORATION					
Article	es of Incorporation/Authorization	o Transact Business					
✓ Amen	dment						
Chan	Change of Agent						
Reins	tatement						
Conve	Conversion						
☐ Merge	Merger						
☐ Dissolution/Withdrawal							
Fictition	ous Name						
☐ Other							
Authorized A	mount: \$35.00						
Signature:	(Past M						

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/29/2024					
Name:	Patrice Rush					
Reference #	2477524	-				
Entity Name	TOTES ISOTON	ER CORPORATION				
☐ Article	es of Incorporation/Authorization (o Transact Business				
✓ Amer	ndment					
Change of Agent						
Reinstatement						
Conversion						
☐ Merge	☐ Merger					
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
Other	<u>- </u>					
Authorized A	Amount: \$35.00					
Signature:	(PastOl					

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

statement of cha	inge is submitted for a	a corporation organize	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	e of Ohio
1. The name of	the corporation:	TOTES IS	SOTONER CORP	ORATION
2. The principal	office address: No	Change		
3. The mailing a	address (if different):_			
4. Date of incor	poration/qualification	June 25, 198	5 Document number:	P06544
		current registered age signed, enter resigned)	nt and registered office on fi	ile with the
	CORPOR	RATION SERV	ICE COMPANY	
		1201 HAYS S	TREET	
	TAL	LAHASSEE,	FL 32301	
6. The name and (if changed):		new registered agent ((if changed) and /or registere	2024 OCT 29 SECRITAIN
	115 North 0	Calhoun St., S	Suite 4	E D
		P.O. Box NOT acc e, FL 32301		8: 53
The street address changed will	ess of its registered o be identical.	ffice and the street ad	dress of the business office	of its registered agent,
			y its board of directors or by ied in writing of the change	
/s/ Justin O.	, –		Justin O. Spiegel	President
I hereby accept I further agree performance of agent. Or, if th	to comply with the pr my duties, and I am j is document is being	ovisions of all statute familiar with and acc filed merely to reflect	Printed or typed name a agree to act in this capacity, as relative to the proper and ept the obligation of my pos t a change in the registered writing of this change.	l complete sition as registered
/s/ Tim May			10/29/2024	
_	nature of Registered Agent half of an entity:		Date	

Tim Mayville , Assistant Secretary

Typed or Printed Name

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