200024212

| (Re | equestor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ac | idress) | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | · | | |
| | | | | |





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Y SULKER KOV 0 1 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | : I20000001 | 95 | |
|-----------------|--------------------------------|---------------|---------|--|
| | REFERENCE | : 170804 | 7644314 | |
| | AUTHORIZATION | : Lovello of | man | |
| | COST LIMIT | / A | hor | |
| ORDER DATE | : October 27, 2021 | | | |
| ORDER TIME | : 2:34 PM | | | |
| ORDER NO. | : 170804-018 | | | |
| CUSTOMER NO | : 7644314 | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME | EAST COLONIAL | UPNTHER THE | | |
| MANUE | EAS! COHONTAL | VENTURES, INC | | |
| | | | | |
| PLEASE RETUR | RN THE FOLLOWING AS | PROOF OF FILI | NG: | |
| | FIFIED COPY IN STAMPED COPY | | | |
| AA PLA | IN STAMPED COST | | | |
| | | | | |
| CONTACT PERS | SON: Alexxis Weilar | nd EXT# | | |

EXAMINER:

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

| statement of ch | ange is submitted for a corporation | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FL | | |
|--|--|---|--|--|
| | | registered agent, or both, in the State of Florida. | | |
| | the corporation: EAST COLONIAL | | | |
| 2. The principa | l office address: 9001 EAST COLO | NIAL DRIVE ORLANDO, FL 32817 | | |
| 7 The | 11 (0.10) | | | |
| | address (if different): | | | |
| | | Document number: P09000024212 | | |
| 5. The name an Florida Depa | d street address of the current register frament of State: (If resigned, enter re | ered agent and registered office on file with the esigned) | | |
| | LOWMAN, JR., WILLIAM R., ESQ | SHUFFIELD, LOWMAN & WILSON, P.A. | | |
| | 1000 LEGION PLACE, SUITE 1700 | | | |
| | ORLANDO | FL 32801 | | |
| 6. The name an (if changed): | d street address of the new registered | d agent (if changed) and /or registered office | | |
| | 1201 Hays Street | | | |
| | | O. Box NOT acceptable | | |
| | Tallahassee | FL 32301 | | |
| | | treet address of the business office of its registered agent | | |
| Such change was authorized by the | as authorized by resolution duly ad ne board, or the corporation has bee | opted by its board of directors or by an officer so on notified in writing of the change. | | |
| Xi | 2 Coni | Jill Cilmi, Vice President | | |
| Signatu | re of an officer or director | Printed or typed name and title | | |
| of my duties, an document is bei corporation has | | nt and agree to act in this capacity. I statutes relative to the proper and complete performance I obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the inge. | | |
| By: Llos | | Jill Cilmi, Vice President | | |
| | nature of Registered Agent half of an entity: | Date | | |
| | Asst. Vice President | | | |
| ', | provide trained Adulte | | | |

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