P10000104071

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filling Officer:						
J.DENNIS						

Office Use Only



400439053364

SECRETARY DESTATE

2024 HOV 15 PH 3: 15

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

statement of cha	nge is submitted	ctions 607.0502, 617.050 I for a corporation orga egistered office or regist	nized under the laws	of the State of F	Torida	his	_	
		SEAL AFTERMARKE	_	_				
2. The principal	office address:_	2315 SW 32nd Avenue	e, Pembroke Park, F	FL 33023	<u> </u>			
3. The mailing a	ddress (if differe	ent):					_	
4. Date of incorp	oration/qualifica	ation: December 29, 20	010 Document nu	mber: P100001	04071			
		of the current registered a If resigned, enter resign		office on file with	h the			
	NRAI Services	s, Inc						
	1200 South Pine Island Road					20		
	Plantation		FL.		2024 NOV 15			
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): Corporation Service Company					1 1855 OF 30 ABVI	V 15 AM	FILED	
	Corporation Service Company				10 E	¥ 9: 00	_	
1201 Hays Street								
P.O. Box NOT acceptable								
	Tallahassee		FL	32301				
The street addre	ss of its register be identical.	red office and the street	t address of the busi	ness office of its	register	cd ag	ent,	
Such change wa authorized by th	s authorized by e board, or the	resolution duly adopte corporation has been no	ed by its board of dis otified in writing of	rectors or by an o the change.	officer so)		
/s/ Margaret V. Sayles		Margaret V. Sayl	Margaret V. Sayles		Authorized Officer			
I hereby accept I further agree t of my duties, an document is bei- corporation has	the appointmen o comply with to d I am familiar ng filed merely i	at as registered agent at the provisions of all sta with and accept the ob to reflect a change in to n writing of this change	nd agree to act in th tutes relative to the digation of my posit he registered office	proper and comp	olete per	forma Or, if n that	mce this the	
By: Lindow M Lockard Signature of Registered Agent				11/13/2024				
0 Sign	nature of Registered A	Agent		Date			_	
If signing on be	half of an entity	r.						
Ty	ped or Printed Name		EE: \$35.00 * * *					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)