## PIIAO

	(Requestor's Name)
<del> </del>	(Address)
	(Address)
	(Addices)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:



500408406675

RAZ RO Charge

2023 HAY 10 AM IQ: 20



A. RAMSEY

Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 721262 8292719				
AUTHORIZATION : piels ele man				
COST LIMIT : \$ 35.00				
ORDER DATE : May 4, 2023				
ORDER TIME : 9:08 AM				
ORDER NO. : 721262-037				
CUSTOMER NO: 8292719				
CHANGE OF AGENT				
NAME: SEG INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland-sorenson				

EXAMINER'S INITIALS:

## FILED

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

statement of cha	provisions of sections 607.0502, 617.050 mge is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of Dela	aware
1. The name of	the corporation: SEG INC.		
2. The principal	office address: 1999 S. Bascom Avenue	e, Suite 400, Campbell, CA 95008	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/21/1986	Document number: P11201	· <del></del> -
	d street address of the current registered agetment of State: (If resigned, enter resigned		
	Corporate Creations Network Inc.		2023 5 A L
	801 US Highway 1		2023 MAY
	North Palm Beach	FL 33408	SSE TO
6. The name and (if changed):	I street address of the new registered agen  Corporation Service Company	t (if changed) and /or registered office	er sign
	1201 Hays Street	NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its regi	stered agent,
Such change wa	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an office ified in writing of the change.	er so
Xie	e 2 aonie	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
of my duties, and locument is beir corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.  Service Company	agree to act in this capacity. les relative to the proper and complete ation of my position as registered age registered office address, I hereby com	performance nt. Or, if this nfirm that the
By: Cei	, m Leil	05/10/2023	
Sign	antre of Registered Agent	Date	
f signing on bel	nalf of an entity:		
<del> </del>	Asst. Vice President		
13/	ped or Printed Name	0.00	
	* * * FILING FER	7: 999'00 " " "	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)