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Division of Corporations

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Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE CENTURY PARK SERVICES CORPORATION

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By:

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

-	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ	· · · · · · · · · · · · · · · · · · ·				
	r to change its registered office or regist	<u>. </u>				
I. The name of t	he corporation: CENTURY PARK SERV	TICES CORPORATION				
2. The principal	office address: 2730 CUMBERLAND BL	VD. SMYRNA, GA 30080				
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 10/19/2015 Document number: P15000085690						
	I street address of the current registered a timent of State: (If resigned, enter resigned		the			
	Leon, David F.					
	390 N ORANGE AVENUE SUITE 1400					
	ORLANDO, FL 32801					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	C T Corporation System		2021 DEC 27 SELATIARY ALLAHASSE			
	1200 South Pine Island Road					
	P.O. Bo Plantation, Florida 33324	x NOT acceptable	AH IO: FE STAT FLORE			
The street addre	ess of its registered office and the street be identical.	address of the business office of its r				
Such change wa	as authorized by resolution duly adopted the hourd, or the corporation has been no	d by its board of directors or by an of orified in writing of the change.	ficer so			
Rence Sandell		Renee Sandell	Vice President			
Thereby accept I further agree	the appointment as registered agent ar	Printed or typed name and title ad agree to act in this capacity, utes relative to the proper and compl				
corporation has	to comply with the provisions of all stated I am familiar with and accept the obline fled merely to reflect a change in the been notified in writing of this change	igation of my position as registered c iè registèred office address, I hereby :	igent. Or, if this confirm that the			
C T Corporation	System Denise Bell	12/16/2021				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Denise Bell, Ass						
T	sped or Printed Name					
	* * * FILING FI	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)