P18000095778

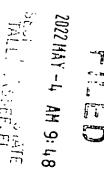
| (P) | equestor's Name) | |
|-------------------------|-----------------------|-------------|
| (111 | equestors (varie) | |
| (A. | ddress) | |
| (Ar | adress) | |
| | | |
| · (Ac | ddress) | |
| | | |
| (Ci | ty/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | usiness Entity Name) | |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates of | Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | · | |





800387197898





g- 5/5/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

A 6 6 1 1 1 1

| | ACCOUNT NO. | : | 12000000 | 0195 | |
|-----------------|------------------------------|-----|-----------|---------|--|
| | REFERENCE | : | 601781 | 7247429 | |
| | AUTHORIZATION | : | Lack | Elman. | |
| | COST LIMIT | : | \$ 35.00 | | |
| ORDER DATE : | April 7, 2022 | | | | |
| ORDER TIME : | 5:33 PM | | | | |
| ORDER NO. : | 601781-009 | | | | |
| CUSTOMER NO: | 7247429 | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| | | | | | |
| | | | | | |
| NAME: | MEADOWBROOK C CORPORATION | OMM | ONS SERVI | CES | |
| | | | | | |
| PLEASE RETURN | THE FOLLOWING AS | PR | OOF OF FI | JING: | |
| CERTI | FIED COPY | | | | |
| XX PLAIN | STAMPED COPY | | | | |
| | | | | | |
| | | | | | |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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

| statement of change | is submitted for a corporal | z, 617.0302, 607.1308, or 617.1308, Florida Statu tion organized under the laws of the State of Flori e or registered agent, or both, in the State of Florid | ida |
|---|--|--|---|
| 1. The name of the case of the principal off SMYRNA, GA 300 | ice address: 2730 CUMBER | Commons Services Corporation | |
| 3. The mailing addr | ess (if different): | | |
| 4. Date of incorpora | tion/qualification: 11/20/20 | 018 Document number: P180000957 | 78 |
| | eet address of the current re ent of State: (If resigned, ent | egistered agent and registered office on file with the ter resigned) | e |
| <u>c</u> | T CORPORATION SYSTE | EM | |
| 12 | 00 SOUTH PINE ISLAND | ROAD | |
| Pl | ANTATION | FL 33324 | 2022 |
| 6. The name and str (if changed): | eet address of the new regis | stered agent (if changed) and /or registered office- | MAY -4 |
| Co | orporation Service Compan | ny ဋ္ဌိ - | A I |
| 12 | 01 Hays Street | | ي وَ |
| | | P.O. Box NOT acceptable | \$ |
| | ıllahassee | FL 32301 | |
| _ | | the street address of the business office of its reg ly adopted by its board of directors or by an office is been notified in writing of the change. | |
| XIVI | Louis | | ce President |
| Signature of | en afficer or director | Printed or typed name and title | |
| I further agrée to co of my duties, and I document is being f corporation has be | omply with the provisions o | l agent and agree to act in this capacity, of all statutes relative to the proper and complet pt the obligation of my position as registered age ange in the registered office address, I hereby co is change. | e performance ent. Or, if this nfirm that the |
| By: \sum_{m} | · Tokuble | 1/18/22 | |
| Signatur If signing on behalf | of Registered Agent of an entity: | Date | |
| | , Asst. Vice President or Printed Name | | |

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