## P190000027998

(Requestor's Name)  (Address)	200354117332	
(Address)  (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL  (Business Entity Name)	10/23/2001013019 **35.00	
(Document Number)  Certified Copies Certificates of Status	W.	
Special Instructions to Filing Officer:	5 fr 5:43	
Office Use Only		

KARCIONS

DEC 0 3 TOXO ! ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 21, 2020

Order#: 456627/009

Re: BIOHABITATS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statu ation organized under the laws of the State of FL te or registered agent, or both, in the State of Flori	<del> </del>
	he corporation: BIOHABITAT		
2. The principal	office address: 2081 CLIPPE	R PARK ROAD, BALTIMORE, MD 21211	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 03/27/2	2019 Document number: P190000279	998
5. The name and		registered agent and registered office on file with the	
	COGENCY GLOBAL, INC.		
	115 N CALHOUN STREET	STE 4	
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	I street address of the new regi	istered agent (if changed) and /or registered office	727
	Corporation Service Compa	ıny	
	1201 Hays Street		<b>.</b>
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	= : :::
The street addre	ess of its registered office and be identical.	I the street address of the business office of its re	
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or by an offi as been notified in writing of the change.	icer so
(	Lie & Clonie	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is beil corporation has	the appointment as registere to comply with the provisions of I am familiar with and according filed merely to reflect a chief been notified in writing of the Service Company	d agent and agree to act in this capacity.  s of all statutes relative to the proper and comple ept the obligation of my position as registered ag nange in the registered office address, I hereby control his change.	te performanc zent. Or, if thi onfirm that the
By:	Dioe. C-Knot. nature of Registered Agent	10/21/2020	
	half of an entity:	Date	
Grace E. Kirbv.	Asst. Vice President		
	yped or Printed Name	<del></del>	
	***	H INC FFF: \$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)