P19000 30263

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2025 SEP -9 PH 4: 48

2038; 'S ~ ()

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. REFERENCE AUTHORIZATION COST LIMIT	: Come has win					
COST DIMIT						
ORDER DATE : 09/09						
ORDER TIME :						
ORDER NO. :						
CUSTOMER NO:						
CHANGE OF AGENT						
NAME:						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY						
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EX	KAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation orga er to change its registered office or regis	nized under the law	vs of the State of Flori	da	
1. The name of	the corporation: CEOHR 2, INC.				
2. The principal	office address: 4211 W. Boy Scout Box	ulevard, Suite 500,	Tampa, FL 33607		
3. The mailing a	address (if different):				
4. Date of incor	corporation/qualification: 04/01/2019 Document number: P19000030263				
	d street address of the current registered rtment of State: (If resigned, enter resign		d office on file with the	:	
	Corporate Creations Network, Inc.				
	801 US Highway 1	±±.			
	North Palm Beach	FL	33408		
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and	d /or registered office	2025 S.E	
	Corporation Service Company			9	
	1201 Hays Street	ox NOT acceptable	<u>.</u>	= = = = = = = = = = = = = = = = = = = =	
	Tallahassee	FL FL	32301	. ∴ ∴ ∴	
The street addr	ess of its registered office and the stree l be identical.	t address of the bu	siness office of its reg	istered agent,	
Such change wanthorized by t	ras authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of continued in writing of	directors or by an office of the change.	er so	
/s/ James J	ones		ociate General Counsel & VP	of Compliance	
	ure of an officer or director		ed or typed name and title		
corporation na	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t is been notified in writing of this chang in Services Company	nd agree to act in tutes relative to th ligation of my pos he registered offic e	this capacity. e proper and complete ition as registered age e address, I hereby col	performance int. Or if this infirm that the	
By: Cli	meley	09/09/2025	Date		
•	gnature of Registered Agent chalf of an entity:		Daic		
5 5	r, Asst. Vice President				
1	Typed or Printed Name				
	* * * FILING F	'EE: \$35.00 * * *			

1:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13) 523692