## P20060610828

(Requestor's N	ame)					
(Address)	+					
(//dd/655)						
(Address)						
(City/State/Zin/	Phone #)					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)						
☐ FICK-OF ☐ WA	I WAIL					
(Business Enti	(Name)					
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(Document Nu	nber)					
Certified Copies Certif	 icates of Status					
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Special Instructions to Filing Office	er:					
Office U	Be Univ					



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JAN 11 2013



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P. 866 675 0838

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:_	01/10	/2023	
		eg Pintacuda	
Refere	nce #:	1879928	
Entity Name:		SLA MANA	GEMENT INC
	Articles of In	corporation/Authorization to	o Transact Business
	Amendment		
<b>✓</b>	Change of A	gent	
	Reinstateme	 ent 	
	Conversion		
	Merger		
	Dissolution∧	Withdrawal	
	Fictitious Na	me	
	Other		
	ized Amount ure:	\$35	

COGENCY GLOBAL INC. 10 E 40° ST, 10° FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

+44 (0)20.3961.3080

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

•	ns of sections 607.0502, 617.0502, 607.1508, or 617 submitted for a corporation organized under the laws			
	nge its registered office or registered agent, or both,			
1. The name of the corr	bration: SLA MANAGE	EMENT	INC	
	ddress: No Change	-		
3. The mailing address	(if different):			
4. Date of incorporation	Vqualification: January 9, 2020 Document nu	ımber:	P2000001	082
	address of the current registered agent and registered f State: (If resigned, enter resigned)	office on fi	le with the	
	BRIAN ALBERTSON			
	350 E READING WAY			
	WINTER PARK, FL 32789	)		
(if changed):	address of the new registered agent (if changed) and /GENCY GLOBAL INC.	or registero	ed office	72 (4)
	North Calhoun St., Suite 4			
Tal	ahassee, FL 32301		3	2
The street address of it as changed will be ider	registered office and the street address of the busingtical.	ness office	of its registered	d age
	rized by resolution duly adopted by its board of dir d. or the corporation has been notified in writing of			
/s/ Allison Purmort			Authorized Pe	rsor
I further agree to comp performance of my dut agent. Or, if this docu	pointment as registered agent and agree to act in the ly with the provisions of all statutes relative to the less and I am familiar with and accept the obligation ment is being filed merely to reflect a change in the corporation has been notified in writing of this change in the	proper and n of my pos registered	complete ition as registe	red I
/s/ Timothy Mayvil				
Signature of I	egistered Agent	Date		
If signing on behalf of	an entity:			
	sistant Secretary			

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (03/12)

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