P21000026842

| (Requestor's Name) | | |
|---|--------------|--|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| (| | |
| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT M | AIL | |
| | | |
| (Business Entity Name) | - | |
| , | | |
| (Document Number) | | |
| (Bocament Namber) | | |
| | | |
| Certified Copies Certificates of Status _ | | |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | J | |
| | | |
| | | |

Office Use Only



400366893684

06/02/21--01028--017 **35.00

Choly Jacai





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: May 27, 2021

Order#: 831578/001

Re: GOLTERMAN & SABO, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Rachel Pietropolo 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 ch | ange is submitted for a corporation | 617.0502, 607.1508, or 617.1508. Floride on organized under the laws of the State of or registered agent, or both, in the State of | f.FL |
|---|---|---|---------------------|
| 1. The name of | the corporation: GOLTERMAN & | SABO, INC. | |
| | · · · · · · · · · · · · · · · · · · · | OAK BLVD ST. LOUIS, MO 63122 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | rporation/qualification: 03/24/202 | Document number: P2100 | 0026842 |
| 5. The name an | | stered agent and registered office on file v | |
| | C T CORPORATION SYSTEM | 1 | |
| | 1200 SOUTH PINE ISLAND R | OAD | _ |
| | PLANTATION | FL 33324 | |
| 6. The name an (if changed): | d street address of the new register | red agent (if changed) and /or registered o | ffice 202 |
| | Corporation Service Company | | |
| | 1201 Hays Street | | |
| | | P.O. Box. NOT acceptable | |
| | Tallahassee | FL 32301 | |
| The street address changed will | ess of its registered office and the l be identical. | e street address of the business office of | its registered agen |
| Such change wa author(ze) by the | as authorized by resolution duly a the board, or the corporation has b | adopted by its board of directors or by a been notified in writing of the change. | officer so |
| <u> </u> | LE liene | Jill Cilmi | Vice President |
| i juriner agree of my duties, ar document is bei corporation ha: | the appointment as registered as to comply with the provisions of a law familiar with and accept the filed merely to reflect a change is been notified in writing of this conservation. | Printed or typed name and gent and agree to act in this capacity all statutes relative to the proper and couthe obligation of my position as register as in the registered office address. I here thange. | |
| | ce Cokubi | 05/27/2021 | |
| Sig | nature of Registered Agent | Date | |
| f signing on be | chalf of an entity: | | |
| | Asst. Vice President | - | |
| T. | vped or Printed Name | | |

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