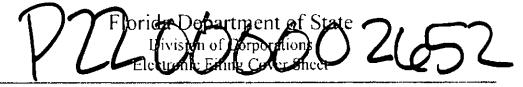


Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE SAFEMARK US, INC.

Certificate of Status	0
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A. BUTLER

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Page; 3 of 3

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or registe	ized under the laws of the State of $\overline{\mathbb{F}}$	Torida
1. The name of t	the corporation: SAFEMARK US, INC.		
2. The principal	office address: 200 W. SAND LAKE ROA	D. SUITE 800, ORLANDO, FL 32809	9
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/06/2022	Document number: P2200000	2652
5. The name and	I street address of the current registered a tment of State: (If resigned, enterresigne	gent and registered office on file wit	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (ifchanged):	d street address of the new registered ager  C.T. Corporation System	nt (if changed) and /or registered offi	2022 NOV
	1200 South Pine Island Road		
	P.O.Bos Plantation, Florida 33324	NOT acceptable	平 5:
The street addre	ess of its registered office and the street be identical.	address of the business office of its	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an of tified in writing of the change.	officer so
8	ryan Busby	Bryan Busby	
Signam	of an officer or director	Printed or typed name and title	<del>c</del>
I further agree of my duties, an document is bei	the appointment as registered agent anto comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	utes relative to the proper and comp gation of my position as registered e registered office address, I hereby	plete performanc agent. Or, if thi v confirm that the
and and	4 1 m	November 4, 2022	
Sig	Miture of Registered Agent	Dute	
If signing on be	half of an entity:		
	Assistant Secretary		
T	yped or Printed Name		
	* * * FILING FE	E: \$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)

By: