(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	#)		
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(Document Number)				
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If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/22/2025	
Name:	Cheyanne Davis	
Reference #	2627068	<u></u>
	TOM ZOSEL	ASSOCIATES, INC.
☐ Article	es of Incorporation/Authorizatio	n to Transact Business
☐ Amer	ndment	
Chan	nge of Agent	
Reins	statement	
☐ Conv	rersion	
☐ Merg	er	
☐ Disso	plution/Withdrawal	
Fictiti	ous Name	
Other	r	
Authorized A	Amount: \$35.00	
Signature:	(Juyma Paine	

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

statement of cha	mge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Floi on organized under the laws of the State or registered agent, or both, in the State	of Florida
1. The name of t	the corporation:	OM ZOSEL ASSOCIAT	ES, INC.
2. The principal	office address:		
	500 108th Ave NE	, Suite 1100, Bellevue,	WA 98038
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: May 3	31, 2022 Document number:	P22000041891
	I street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on fi resigned)	le with the
	CT Corpo	oration System	·
	1200 South	Pine Island Road	
	Plantati	on, FL 33324	2025 SE
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registere	海平后
	115 North Calhour	St., Suite 4	OF STATE
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office	of its registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by seen notified in writing of the change.	an officer so
/s/ Lyle Hend	erson e of an officer or director	Lyle Henderson Printed or typed name as	CFO
I further agree to performance of t agent. Or, if this	o comply with the provisions of a	zent and agree to act in this capacity, all statutes relative to the proper and h and accept the obligation of my post to reflect a change in the registered of tified in writing of this change.	complete tion as registered office address, I
/s/ Michael C	arlisle	Jan. 22, 2025	
	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		

Michael Carlisle, Assistant Secretary Typed or Printed Name

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