## P29127

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## CT CORP

action we have

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Da	o3/25/2025		and DW
		Acc#I20160000072	4 Com
Name:	TRAC - The	Registered Agent Co	mpany
Document #:	<u> </u>		
Order #:	16222935		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: S	\$ 43.75	

Thank you!

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

statement of change	is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of Delaware gistered agent, or both, in the State of Florida.		
1. The name of the c	corporation: TRAC - THE REGIS	TERED AGENT COMPANY		
2. The principal offi	ce address: 2700 Lake Cook Rd I	Riverwoods, IL 60015		
3. The mailing addre	ess (if different):			
4. Date of incorporation/qualification: 04/30/1990 Document number: P29127				
5. The name and stre		ed agent and registered office on file with the		
cc	DRPORATE ACCESS, INC.			
236 E 6TH AVE				
TALLAHASSEE, FL 32303				
TALLAHASSEE, FL 32303  6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):				
C	T Corporation System	# 8: 58 		
1200 South Pine Island Road				
P.O. Box NOT acceptable				
<u>Pl:</u>	antation, Florida 33324			
as changed will be	identical.	treet address of the business office of its registered agent.		
Such change was a authorized by the b	uthorized by resolution duly adoporation the corporation has been	opted by its board of directors or by an officer so in notified in writing of the change.		
/s/ Enn M. S	anders	ERIN M. SANDERS, ASSISTANT SECRETARY		
Signature of	an officer or director	Printed or typed name and little		
Corporation has be	en norgion	nt and agree to act in this capacity, I statutes relative to the proper and complete performance e obligation of my positton as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.		
<b>2</b>	stem Son Chain 6	03/24/2025		
Signatu	ire of Registered Agent	Date		
If signing on behal	f of an entity:			
SEAN L. EMERIC	K, ASSISTANT SECRETARY			
Type	d or Printed Name			

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