P29245

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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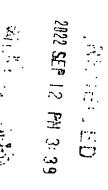
Office Use Only



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TANT ANY SEP. EL



A. BUTLER SEP 1 3 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | |
|---|---|--|--|--|--|
| REFERENCE : 931620 7772046 | ; | | | | |
| AUTHORIZATION : | | | | | |
| COST LIMIT : \$35.00 | | | | | |
| | | | | | |
| ORDER DATE : September 8, 2022 | | | | | |
| ORDER TIME : 1:45 PM | | | | | |
| ORDER NO. : 931620-035 | | | | | |
| CUSTOMER NO: 7772046 | | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| | | | | | |
| | | | | | |
| NAME: MARITZ GLOBAL EVENTS INC. | | | | | |
| | | | | | |
| | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | |
| | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | |
| CONTACT FERSON. BYTTEHA DAREL | | | | | |

EXAMINER'S INITIALS:

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

| statement of cha | provisions of sections 607.0502, 617.050. nge is submitted for a corporation organ r to change its registered office or registe | ized under the laws | of the State of | |
|--|---|--|---|---|
| 1. The name of t | he corporation: MARITZ GLOBAL EVEN | ITS INC. | | |
| | office address: 1395 NORTH HIGHWAY | | MO 63099 | |
| 3. The mailing a | ddress (if different): 1375 NORTH HIGH | WAY DRIVE ATTN | N: TAX DEPARTM | SENT FENTON, MO |
| | oration/qualification: 05/04/1990 | | | |
| 5. The name and | street address of the current registered ag tment of State: (If resigned, enter resigne | gent and registered | | the |
| | CT CORPORATION SYSTEM | | | |
| | 1200 S. PINE ISLAND ROAD | | | |
| | PLANTATION | FL | 33324 | 202 |
| 6. The name and (if changed): | street address of the new registered ager | nt (if changed) and / | or registered office | 2 |
| | Corporation Service Company | | · | AM 9: 1.14 |
| | 1201 Hays Street | | | 9:1 |
| | P.O Box Tallahassee | NOT acceptable | 32301 | 11 平 |
| The street addre as changed will | ss of its registered office and the street be identical. | address of the busi | ness office of its r | egistered agent. |
| Such change wa authorized by th | s authorized by resolution duly adopted e board, or the corporation has been no | l by its board of dir tified in writing of | ectors or by an of the change. | ficer so |
| \ Lee | . E. Wene | Jill Cilmi, Vice Pre | esident | |
| 7 1 | e of an officer or director | | or typed name and title | |
| I further agree to of my duties, and document is bein corporation has | the appointment as registered agent and o comply with the provisions of all state of land accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company | ites relative to the partion of my positi Eregistered office of | is capacity, proper and compl on as registered a address, I hereby | ete performance igent. Or, if this confirm that the |
| | Local Taking States of Registered Agent | 09/09/2022 | Date | |
| If signing on bel | nalf of an entity: | | | |
| | Asst. Vice President ped 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