## P33810

| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
| (120.555)                               |
| (2) (2)                                 |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
| (Bootine in Figure 1)                   |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer: |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
| <u></u>                                 |

Office Use Only



000372752600

2821 F 17-9 F1110: 06 2821 DEC-9 AH 11: 52

RAROCHS

DEC 1.0 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 290582 / 8364158

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 9, 2021

ORDER TIME : 10:16 AM

ORDER NO. : 290582-002

CUSTOMER NO: 8364158

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: NICOLON CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
X PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

| statement of cha                                                                             | nge is submitted for a corp                                      | 9502, 617.0502, 607.1508, or 617.1508, Florida Statutes, oration organized under the laws of the State of GEORC flice or registered agent, or both, in the State of Florida.                                                                    |                                          |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. The name of                                                                               | the corporation: NICOLON                                         | CORPORATION                                                                                                                                                                                                                                     |                                          |
|                                                                                              | office address: 365 SOUTI                                        |                                                                                                                                                                                                                                                 |                                          |
| 3. The mailing a                                                                             | address (if different):                                          |                                                                                                                                                                                                                                                 |                                          |
| ū                                                                                            | · -                                                              | 9/1991 Document number: P33810                                                                                                                                                                                                                  |                                          |
|                                                                                              | d street address of the currer<br>rtment of State: (If resigned. | nt registered agent and registered office on file with the enter resigned)                                                                                                                                                                      |                                          |
|                                                                                              | C T CORPORATION SY                                               | STEM                                                                                                                                                                                                                                            |                                          |
|                                                                                              | 1200 S. PINE ISLAND RI                                           | D.                                                                                                                                                                                                                                              | 2021 C 9                                 |
|                                                                                              | PLANTATION                                                       | FL 33324                                                                                                                                                                                                                                        | · ·                                      |
| 6. The name and (if changed):                                                                | d street address of the new re                                   | egistered agent (if changed) and /or registered office                                                                                                                                                                                          | .9 N1110: 06                             |
|                                                                                              | Corporation Service Com                                          | pany                                                                                                                                                                                                                                            | )ı: 06                                   |
|                                                                                              | 1201 Hays Street                                                 |                                                                                                                                                                                                                                                 |                                          |
|                                                                                              |                                                                  | P.O. Box. NOT acceptable                                                                                                                                                                                                                        |                                          |
|                                                                                              | Tallahassee                                                      | FL 32301                                                                                                                                                                                                                                        |                                          |
| The street addreas changed will                                                              | ess of its registered office a<br>be identical.                  | and the street address of the business office of its register                                                                                                                                                                                   | ered agent,                              |
| Such change wa<br>authorized by th                                                           | as authorized by resolution<br>ne board, or the corporation      | duly adopted by its board of directors or by an officer so has been notified in writing of the change.                                                                                                                                          | 50                                       |
| Xie                                                                                          | 2 Gonie                                                          | Jill Cilmi, Vice President                                                                                                                                                                                                                      |                                          |
| I hereby accept<br>I further agree<br>of my duties, an<br>document is bei<br>corporation has | te of an officer or director  the approintment as reviste        | Printed or typed name and title ared agent and agree to act in this capacity. This sale is a complete percept the obligation of my position as registered agent, change in the registered office address. I hereby confirmation of this change. | erformance<br>Or, if this<br>om that the |
| By: Drac                                                                                     | · Cokubi,                                                        | 12/09/2021                                                                                                                                                                                                                                      |                                          |
| _                                                                                            | nature of Registered Agent half of an entity:                    | Date                                                                                                                                                                                                                                            |                                          |
| Grace E. Kirbv.                                                                              | Asst Vice President                                              |                                                                                                                                                                                                                                                 |                                          |
|                                                                                              | yped or Printed Name                                             |                                                                                                                                                                                                                                                 |                                          |

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