(Requestor's Name)				
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(Addr	ess)			
(City/s	State/Zip/Phone #)			
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(Document Number)				
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2024 HOY 15 AM 9: 22

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regis	unized under the laws of the	State of DE
1. The name of t	he corporation: CTYD III CORPORATI	ON	
2. The principal	office address: 7750 Wisconsin Avenu	e Bethesda, MD 20814	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/06/1992	Document number:	P36960
	I street address of the current registered timent of State: (If resigned, enter resign		on file with the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	Į.
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or regi	
	Corporation Service Company		715 715
	1201 Hays Street		
	P.O. B	lox NOT acceptable	
	Tallahassee	FL 32301	22
The street addre	ess of its registered office and the stree be identical.	et address of the business o	ffice of its registered agent.
Such change wa authorized by th	ns authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors notified in writing of the ch	or by an officer so ange.
/s/ Andrew P.	C. Wright	Andrew P.C. Wright	Secretary
Signatu	re of an officer or director	Printed or typed	name and title
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sto d I am familiar with and accept the ol ng filed merely to reflect a change in to been notified in writing of this chang n Service Company	atutes relative to the proper bligation of my position as the registered office addres	acity, r and complete performance registered agent. Or, if this is, I hereby confirm that the
By: Maga	Takub I Agent	11/14/2024	c
If signing on be	half of an entity:		
	BY, ASST. VICE PRESIDENT		
יַן	yped or Printed Name	TPD - 027 00 4 1 1	
	* * * FILING F	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)