000035270

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

Office Use Only



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TALLAHASSEC FLORIDA

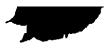
RECEIVED



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 184930 7213172
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE: November 1, 2021
ORDER TIME : 3:03 PM
ORDER NO. : 184930-001
CUSTOMER NO: 7213172
CHANGE OF AGENT
NAME: IVY DISTRIBUTORS, INC.
WAND. IVI DISTRIBUTORS, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker EXT#
EXAMINER:



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

statement of cha	unge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of egistered agent, or both, in the State of	Florida
1. The name of	the corporation: IVY DISTRIBUTOR	S, INC.	
	•	NUE OVERLAND PARK, KS 66202	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/02/1993	Document number: P9300	0039270
5. The name and		red agent and registered office on file v	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	ND.	– _ တ 22
	PLANTATION	FL 33324	F 021 NO ECRE TALL
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered o	2021 NOV -2 /
	Corporation Service Company		
	1201 Hays Street		-
	P	O. Box NOT acceptable	01
	Tallahassee	FL 32301	_
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of	its registered agent.
Such change wa authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an notified in writing of the change.	n officer so
David	d F. Connor	David F. Connor	Secretary
Signatu	rc of an officer or director	Printed or typed name and	title
I further agree of my duties, ar document is bei corporation has	the appointment as registered agent to comply with the provisions of all all I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change.	statutes relative to the proper and co obligation of my position as register in the registered office address, I here	mplete performance ed agent. Or, if this thy confirm that the
By:	Chaze Z-Kuby nature of Registered Agent	11/01/2021	
_	chalf of an entity:	Date	
	Asst. Vice President		
Т	yped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314