P94000053152

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2025 JAN -2 FH 3: 12

SECRETARY OF STA

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 847608 5057825

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 18, 2024

ORDER TIME : 12:46 PM

ORDER NO. : 847608-061

CUSTOMER NO: 5057825

CHANGE OF AGENT

NAME: OSBY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.6 nge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the Sta	nte of FL	
1. The name of t	he corporation: OSBY, INC.			
2. The principal	office address: 1777 Walker Street, S	uite 501 HOUSTON, TX 77010)	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification; 07/19/1994	Document number: P	94000053152	
	street address of the current registere tment of State: (If resigned, enter resigned)		file with the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324		
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office of the company Corporation Service Company 1201 Hays Street PO. Box NOT acceptable Tallahassee FL 32301			
			— EE 2	
	1201 Hays Street	Box NOT acceptable	<u> </u>	
	Tallahassee	FL 32301	7.57	
The street addre	ss of its registered office and the stre be identical.	et address of the business offic	•• 1	
Such change wa authorized by th	s authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or notified in writing of the chang	by an officer so ge.	
/s/Ira M. Mitzner		Ira M. Mitzner	President & CEO	
I hereby accept I further agree t of my duties, an document is bein corporation has	e of an officer or director the appointment as registered agent o comply with the provisions of all st d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chan	atutes relative to the proper ar bligation of my position as reg the registered office address, i	fr.	
By: Your 1-Kinhi Signature of Registered Agent		12/27/2024		
If signing on bel	half of an entity:			
	Asst. Vice President ped 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)