## P94000056972

(Re	equestor's Name)	<del></del>			
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ALL AHASSEE, FLOR

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O SIMMONS FEB 2 8 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: I	2000000	00195
	REFERENCE	: 4!	51817	7954329
	AUTHORIZATION	: 1		0
	COST LIMIT		7110LEC 35.00	ena
ORDER DATE :	February 1, 2022	<del></del> .	- <b></b>	
ORDER TIME :	5:25 PM			
ORDER NO. :	451817-086			
CUSTOMER NO:	7954329			
	CHANGE OF A	GENT		
NAME:	SYKES REALTY,	INC.		
CERT	N THE FOLLOWING AS IFIED COPY N STAMPED COPY	PROOI	? OF FI	LING:

EXAMINER: \_\_\_\_

CONTACT PERSON: Eyliena Baker -- EXT#

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

statement of cha	provisions of sections 607.0502, 617. inge is submitted for a corporation or ir to change its registered office or re	rganized under the law	s of the State of FLORIDA
1. The name of	the corporation: SYKES REALTY, IN	C.	
	office address: OR SUITE 3100 TAMPA, FL 3360	2	
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 08/02/1994	Document n	umber: P94000056972
5. The name and	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered	
	PARACORP INCORPORATED		
	155 OFFICE PLAZA DRIVE 1ST F	LOOR	
	TALLAHASSEe	FL	32301
6. The name and (if changed):	d street address of the new registered	agent (if changed) and	/or registered office
	Corporation Service Company		
	1201 Hays Street	No. No.	
	Tallahassee	D. Box NOT acceptable  FL	32301
The street addreas changed will	ess of its registered office and the st be identical.	reet address of the bus	iness office of its registered agent,
Such change was authorized by the	as authorized by resolution duly ado he board, or the corporation has bee	opted by its board of di in notified in writing or	rectors or by an officer so fihe change.
Xiel	2 aoni	Jill Cilmi, Vice Pr	resident
Signatu	re of an officer or director		d or typed name and title
corporation nai	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change to s been notified in writing of this cha n Service Company	at and agree to act in to statutes relative to the obligation of my posion in the registered office nge.	his capacity.  I proper and complete performance ion as registered agent. Or, if this address, I hereby confirm that the
By:	noco 7 - Kyble	02/24/2022	
_	nature of Registered Agent \		Date
If signing on be	chalf of an entity:		
	Asst. Vice President yed 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)