P940006142

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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RECFIVED

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

ACCOUNT NO. : I2000000195

REFERENCE : 518062 8378148

COST LIMIT : \$35.00

AUTHORIZATION

ORDER DATE: February 23, 2023

ORDER TIME : 10:33 AM

ORDER NO. : 518062-006

CUSTOMER NO: 8378148

CHANGE OF AGENT

NAME: BAY AREA INVESTMENTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this or organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.
I. The name of t	the corporation: BAY AREA INVE	STMENTS, INC.
	office address: 220 BLANCA AVE	
3. The mailing a	ddress (if different):	
		4 Document number: P94000065142
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND RO	DAD
	PLANTATION	FL 33324
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	Corporation Service Company	B 27
	1201 Hays Street	'; -
		P.O. Box NOT acceptable
	Tallahassee	P.O. Box NOT acceptable FL 32301
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
Xue	2 Cours	Jill Cilmi, Vice President
Signatur	re of an officer or director	Printed or typed name and title
I furither agree t of my duties, an document is beil corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c n Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.
By Da	aco Yakubi	02/24/2023
Sign	nature of Registered Agent	Date
lf signing on bel	half of an entity:	
Grace E. Kirby, <i>i</i>	Asst. Vice President	
Tv	ped or Printed Name	-

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

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