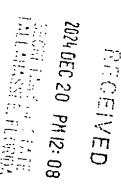
P9400006514Z

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: **866.625.0838**

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	12/19/2024		
Name:	Cheyanne Davis	-	
Reference #:	2559492	-	
Entity Name: BAY AREA INVESTMENTS, INC.			
☐ Article	s of Incorporation/Authorization	to Transact Business	
✓ Change of Agent			
Reinstatement			
Conversion			
■ Merger			
☐ Dissolution/Withdrawal			
Fictitious Name			
Other			
Authorized A	mount: \$35		
Signature:	Unyme Paine		

F: 800.944.6607

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

statement of change is submitted for	corporation organized under the laws of the State of Florida red office or registered agent, or both, in the State of Florida.		
	DAY ADEA INIVESTMENTS INC		
1. The name of the corporation:	250 Executive Center Drive, Suite 201		
2. The principal office address:	Greenville, SC 29615		
	250 Everythic Center Prive, Suite 201, Cenenville, SC 20515		
3. The mailing address (if different):			
4. Date of incorporation/qualification	8/31/1994 Document number:P94000065142		
5. The name and street address of the Florida Department of State: (If re	current registered agent and registered office on file with the igned, enter resigned)		
	RPORATION SERVICE COMPANY		
	1201 HAYS ST		
	TALLAHASSEE, FL 32301		
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registered office 20		
	Cogency Global Inc.		
-	PO Box NOT acceptable Tallahassee Florida 32301		
	PO Box NOT acceptable		
	Tallahassee, Florida 32301		
The street address of its registered cas changed will be identical.	ffice and the street address of the business office of its registered agent.		
Such change was authorized by rescauthorized by the board, or the corp	lution duly adopted by its board of directors or by an officer so tration has been notified in writing of the change.		
/s/ Wesley Paul	Wesley Paul, VP, Corporate Controller		
Signature of an officer or director	Printed or typed name and title		
I furthér agrée to cominly with the n	egistered agent and agree to act in this capacity. Ovisions of all statutes relative to the proper and complete performanc and accept the obligation of my position as registered agent. Or, if thi lect a change in the registered office address, I hereby confirm that the ting of this change.		
/s/ Michael Carlisle	Nov. 21, 2024		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Michael Carlisle, Assistant Se	cretary		
Typed 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)