## P98000082297

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

Office Use Only



100436309521

MASSEE, FILE



13. HUNT (3)/10/20/



CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 09/10/24

Order #: 1605940-27

Re: JOHN HEATH & COMPANY, INC.

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

## Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation or r to change its registered office or r	organized under the lav	vs of the Stat	e of FL		
1. The name of t	he corporation: JOHN HEATH & Co	OMPANY, INC.				
	office address: 397 Interstate Boule		240			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 09/21/1998	Document r	number: P98	300008229	37	_
5. The name and	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registere	d office on f	ile with the	;	
	COGENCY GLOBAL INC.					
	115 North Calhoun St. Suite 4		<u> </u>			
	Tallahassee	FL	32301		<u>;_;</u>	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and	d /or register	ed office TAR	01 d5 haile	
	Corporation Service Company					
	1201 Hays Street			EE,	AM 8:	O
		O. Box NOT acceptable			57	
	Tallahassee	FL	32301		_	
The street addre as changed will	ss of its registered office and the s be identical.	treet address of the bu	siness office	of its regi	stered	agent,
Such change was authorized by th	is authorized by resolution duly ad- ie board, or the corporation has been	opted by its board of d en notified in writing o	lirectors or b	y an office a.	er so	
/s/ Paula M. K		Paula M. Kenne		<del>-</del>	FO	
-	re of an officer or director		ed or typed name			
I hereby accept I further agree to of my duties, an document is beil corporation has Corporation	the appointment as registered age o comply with the provisions of all d I am familiar with and accept thing filed merely to reflect a change been notified in writing of this changers Service Company	nt and agree to act in the statutes relative to the ending attention of my position of the registered office ange.	this capacity e proper and ition as regi e address, I	), I complete stered age hereby con	perfor nt. Or nfirm th	mance if this rat the
	· Y-Kuble	09/06/2024				
	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
	BY, ASST. VICE PRESIDENT uped or Printed Name					

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