## P1 P010 000 PP9

(Requestor's Name)
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PICK-UP WAIT MAIL
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2025 JAN -2 PH 3: 1.2025 JAN -2 PH 2:

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 : 12:39 PM

ORDER NO. : 847608-044

CUSTOMER NO: 5057825

\_\_\_\_\_

## CHANGE OF AGENT

NAME: GREENWILLOW INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

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

statement of ch	r provisions of sections 607,0502, 617,0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the State of	f_FL
1. The name of	the corporation: GREENWILLOW, INC	<u>.                                    </u>	
2. The principa	Loffice address: 1777 Walker Street, St	uite 501 HOUSTON, TX 77010	<u> </u>
3. The mailing	address (if different):		
•	rporation/qualification: 02/03/1999		00010919
	nd street address of the current registered artment of State: (If resigned, enter resigned,		2025 JAN -2 2025 JAN -2 TALLAH
	C T CORPORATION SYSTEM		ALL JAN
	1200 SOUTH PINE ISLAND ROAD		-2 TARY
	PLANTATION	FL 33324	19 P
6. The name an (if changed):	nd street address of the new registered a	gent (if changed) and /or registered o	PH 2: 00
	Corporation Service Company		<del></del> .
	1201 Hays Street		
	P.O	Box NOT acceptable	<del></del>
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and the stre I be identical.	et address of the business office of	its registered agent.
Such change wanthorized by t	as authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by a notified in writing of the change.	in officer so
/s/Ira M. Mi	tzner	Ira M. Mitzner	President & CEO
I hereby accept I further agree of my duties, a document is be corporation ha	ure of an officer or director  If the appointment as registered agent to comply with the provisions of all st and I am familiar with and accept the o ing filed merely to reflect a change in as been notified in writing of this chang on Service Company	Printed or typed name and agree to act in this capacity, atutes relative to the proper and cobligation of my position as register the registered office address, I her ge.	
•	•	12/27/2024	
Sij	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity;		
	Asst. Vice President		
1	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)