(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000000	195			
	REFERENCE	: 655110	5057753			
	AUTHORIZATION	Last Al				
	COST LIMIT	: \$\35.00	Man			
ORDER DATE :	May 3, 2022					
ORDER TIME :	1:46 PM					
ORDER NO. :	655110-011					
CUSTOMER NO:	5057753					
						
CHANGE OF AGENT						
NAME: WATSON MANAGEMENT CORPORATION						
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	ING:			
CERTIFIED COPY						
XX PLAIN	STAMPED COPY					

EXAMINER: ____

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida 3 n organized under the laws of the State of _ r registered agent, or both, in the State of F	Florida
	the corporation: WATSON MAN	,	noriaa.
2. The principal	office address: 400 Interpace Pa	arkway, Bldg. A, Parsippany, NJ 07054	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/07/199	9 Document number: P99000	079359
	d street address of the current regis	stered agent and registered office on file wiresigned)	th the
	Corporate Creations Network In	nc.	
	801 US Highway 1		2022 HAY
	North Palm Beach	FL 33408	
6. The name and (if changed):	18 AH 8: 4		
	Corporation Service Company		F. 4.
	1201 Hays Street		mi ω
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an c een notified in writing of the change.	officer so
عفيلا	. E agni	Jill Cilmi, Vice President	
I hereby accept a further agree to of my duties, and document is being corporation has	o comply with the provisions of a d Lam familiar with and accept the	Printed or typed name and tule ent and agree to act in this capacity. Il statutes relative to the proper and comp the obligation of my position as registered to in the registered office address, I hereby thange.	plete performance
By: (A x)	m Lei	05/18/2022	
	adire of Registered Agent	Date	
	Asst. Vice President		
	ped or Printed Name		

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