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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 100938 8357528

AUTHORIZATION : -

COST LIMIT : \$\\delta \bar{5}_{\infty}\delta 00

ORDER DATE: October 12, 2021

ORDER TIME : 8:43 AM

ORDER NO. : 100938-043

CUSTOMER NO: 8357528

CHANGE OF AGENT

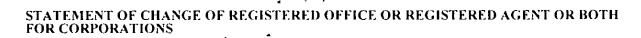
NAME: KEIM, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:



statement of cha	nge is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of ARIZONA gistered agent, or both, in the State of Florida.
1. The name of t	the corporation: KEIM, INC.	
2. The principal	office address: 2801 E CAMELBACK	RD. SUITE 450
PHOENIX, AZ		
3. The mailing a	ddress (if different):	
4. Date of incorp		Document number: F08000003541
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAL)
	PLANTATION	FL 33324
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered office
	1201 Hays Street	
P.O. Box NOT acceptable		
	Tallahassee	FL 32301
The street addre as changed will	ess of its registered office and the str be identical.	eet address of the business office of its registered agent.
Such change was authorized by the	ns authorized by resolution duly ado ne board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.
χ_{i}	e E aonie	Jill Cilmi, Vice President
/gnatu	e of an officer or director	Printed or typed name and title
l further agrée i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this char n Service Company	tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
<u>Ву: Дло</u>	ca Co-Kuble	10/19/2021
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Grace E. Kirby, .	Asst Vice President	
Ty	pped or Printed Name	

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