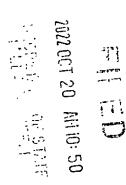
F10000005299

	Requestor's Name)
	(Address)
	(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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2022 OCT 20 PM 3: 36

OCT 2 + 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 057686 8370530
AUTHORIZATION:
COST LIMIT : \$ 35.00
ORDER DATE : October 17, 2022
ORDER TIME : 1:38 PM
ORDER NO. : 057686-061
CUSTOMER NO: 8370530
CHANGE OF AGENT
CHANGE OF AGENT
NAME: FACTIVA, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

statement of cha	provisions of sections 607,0502, 6 nge is submitted for a corporation r to change its registered office or	organized under the	laws of the	e State of _DE	tius	
1. The name of t	he corporation: FACTIVA, INC.					
2. The principal		R, NEW YORK, NY		<u>-</u> .		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 12/03/2010	Docume	ent number:	F10000005299		
	I street address of the current regis tment of State: (If resigned, enter		tered office	on file with the		
	CORPORATE CREATIONS NE	TWORK INC.				
	801 US HIGHWAY 1				2022 (
	NORTH PALM BEACH		FL 3340	8 に ア・エ	022 OCT 20	j
6. The name and (if changed):	street address of the new register Corporation Service Company	ed agent (if changed)	and /or reg	gistered office	20 MH 10: 5	
	1201 Hays Street				5	
		P.O. Box. NOT acceptable				
	Tallahassee		FL 3230	1		
as changed will Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b			_	_	ent.
Signatui	C O we e of an officer or director			d name and title		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ing filed merely to reflect a chang been notified in writing of this c n Service Company	ent and agree to act dl statutes relative to he obligation of mv e in the registered of hange.	in this cap o the prope position as ffice addre	oacity, er and complete pe er registered agent. ess, I hereby confi	erform Or, if em thai	ance this t the
By: <u>Draca</u>	C-Kubi,	10/17/2022				
_	nature of Registered Agent half of an entity:		15a	ate		
Grace E. Kirbv. /	Asst. Vice President					
	ped or Printed Name					

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