## F14000003565

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 100896 8355852

AUTHORIZATION : Spelle Rena

COST LIMIT : \$``35`\"Ó0

ORDER DATE: October 12, 2021

ORDER TIME : 5:01 PM

ORDER NO. : 100896-005

CUSTOMER NO: 8355852

## CHANGE OF AGENT

NAME: MYERS MCRAE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Sta anized under the laws of the State of $G$ stered agent, or both, in the State of Flo	leorgia	
1. The name of t	the corporation: MYERS MCRAE, INC.			
2. The principal		. <u>.                                   </u>		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/12/2014	Document number: F140000	03565	
	d street address of the current registered tment of State: (If resigned, enter resigned)	agent and registered office on file with ned)	n the	
	NRAI SERVICES, INC		201	
	1200 SOUTH PINE ISLAND ROAD	>	[- " . 2021 OCT 13 SECRET/AK	
	PLANTATION	FL 33324	$\frac{1}{2}$ $\frac{1}{2}$	
6. The name and (if changed):	I street address of the new registered ag  Corporation Service Company	ent (if changed) and /or registered offic	04:8: HV	
		<del></del>	د. ن	
	P.O. Box NOT acceptable			
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the street be identical.	et address of the business office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopt the board or the corporation has been r	ed by its board of directors or by an or notified in writing of the change.	fficer so	
- Pool	X.Murs	Emily P. Myers,	CEO	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent a comply with the provisions of all stad I am familiar with and accept the oling filed merely to reflect a change in the been notified in writing of this change in Service Company	atutes relative to the proper and comp bligation of my position as registered t the registered office address. I hereby		
By:	no co to	10/12/2021 Date	_ <del></del>	
_	half of an entity:	Dait		
	Asst. Vice President			
	Apped or Printed Name			
	* * * FILING F	TEE: \$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)