## 

(Re	questor's Name)			
(Ad	dress)	· · ·		
(Ad	dress)	<del></del>		
(Cit	y/State/Zip/Phone	e #)		
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800384759378

2022 APR -5 AM 8: 30

ZAPR-5 AMILE

RAIRCICH8

APR 06 70TZ ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 589320 8375230

AUTHORIZATION

COST LIMIT : (\$ 35.00 Max

ORDER DATE : April 4, 2022

ORDER TIME : 4:51 PM

ORDER NO. : 589320-005

CUSTOMER NO: 8375230

\_\_\_\_\_\_

CHANGE OF AGENT

NAME: LONGHORN EXCAVATORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Stati ion organized under the laws of the State of $\overline{TX}$ or registered agent, or both, in the State of Flori			
1. The name of t	he corporation: LONGHORN EX	XCAVATORS, INC.			
	office address: Street 140 RICHMOND, TX 7	7406			
3. The mailing a	ddress (if different):				
4. Date of incorp	rporation/qualification: 11/09/2006 Document number: F06000007038				
	street address of the current reg tment of State: (If resigned, enter	gistered agent and registered office on file with the resigned)	ie		
	C T CORPORATION SYSTE	M	2022 ()		
	1200 SOUTH PINE ISLAND ROAD		2022 APR		
	PLANTATION	FL 33324	-5		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office				
Corporation Service Company (**)					
	P.O Box NOT acceptable				
	Tallahassee	FL 32301			
The street addre as changed will	ss of its registered office and the identical.	he street address of the business office of its rep	gistered agent,		
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	y adopted by its board of directors or by an office been notified in writing of the change.	cer so		
لع الأ	i E. Wener	Jill Cilmi, Vice President			
/	e of an officer or director	Printed or typed name and title			
I further agree to of my duties, and document is bein corporation has	the appointment as registered to comply with the provisions of I am familiar with and accept to reflect a charbeen notified in writing of this is Service Company	agent and agree to act in this capacity.  f all statutes relative to the proper and complet  t the obligation of my position as registered ag  nge in the registered office address, I hereby co	te performance ent. Or, if this onfirm that the		
	ee Co-Kuble	04/04/2022			
Sign	ature of Registered Agent\	Date	. ————		
If signing on bel	nalf of an entity:				
Grace E. Kirby, /	Asst. Vice President				
Ty	ped or Printed Name	<del></del>			

Make Checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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

TI