## F16000000774

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive De 19808 Wilmington

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: November 8, 2019

Order#: 039765-002

Re: VIRIDIUN EQUIPMENT, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

X<u>X</u>\_\_\_\_

Issue Proof of Filing.
Please return evidence to the following: XX\_\_\_

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	inge is submitted for a corporation	on organized under the laws of the State of Georgia	
		r registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: VIRIDIUN EQUI	PINENT, INC.	_
2. The principal	office address: 19065 Hickory C	creek Drive, Suite 240, Mokena, IL 60448	_
3. The mailing a	ddress (if different):		<u> </u>
4. Date of incorp	poration/qualification: 02/16/20	16Document number: F16000000774	_ _
	street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	Omar Puchales-Torres		
	2324 Meadow Oak Circle	~	
	Kissimmee, FL 34746	. 019	· . '4
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered office	ų :
	Corporation Service Company	· PH	į.
	1201 Hays Street	6. 6.	
	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
1/5	66	Rick Shipley, President	
_	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm Corporatio	the appointment as registered a to comply with the provisions of my duties, and I am familiar with document is being filed merely that the corporation has been not Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered v to reflect a change in the registered office address, I otified in writing of this change.	
By: Ce	um Keil	11/08/2019	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ami M. Casper,	, Asst. Vice President		
T	yped or Printed Name	-	

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