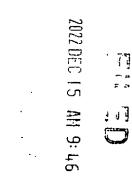
## F18000002106

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(	(City/State/Zip/Phone #)	)
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(	(Business Entity Name)	
(	(Document Number)	
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Special Instructions to	Filing Officer.	

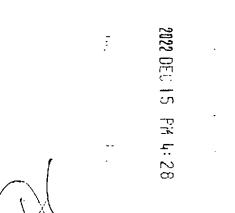
Office Use Only



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据37-2、7.96、657 **#-35.**66



## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

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

Pursuant to the provisions of sections 607.0502, 6 statement of change is submitted for a corporation	on organized under the laws of the State of			
	r registered agent, or both, in the State of Florid	ka.		
1. The name of the corporation: STABILIS GDS, I	INC.			
2. The principal office address: 11750 Katy Freewa	ty, Suite 900, HOUSTON, TX 77079			
3. The mailing address (if different):				
Date of incorporation/qualification: 05/04/2018 Document number: F18000002106				
5. The name and street address of the current regis Florida Department of State: (If resigned, enter	stered agent and registered office on file with the resigned)	:		
C T CORPORATION SYSTEM				
1200 SOUTH PINE ISLAND ROA	AD			
PLANTATION, FL 33324		202		
6. The name and street address of the new register (if changed):	red agent (if changed) and /or registered office	2 DEC 1		
Universal Registered Agents, Inc.		. വ		
1317 California Street		<b>A</b>		
P.O. Box NOT acceptable		÷ ; ; ;		
Tallahassee, FL 32304		. 7		
The street address of its registered office and the as changed will be identical.	street address of the business office of its regis	stered agent,		
Such change was authorized by resolution duly a authorized by the board, or the corporation has be	idopted by its board of directors or by an office seen notified in writing of the change.	H 80		
Curson to officer or excessor	Andrew L. Puhala, Vice President/Secreta	ary		
I hereby accept the appointment as registered ay I further agree to comply with the provisions of a of my duties, and I am familiar with and accept to document is being filed merely to reflect a chang corporation has been notified in writing of this ci	• • • • • • • • • • • • • • • • • • •	performance u. Or if this firm that the		
the///	12/05/2022			
September of Registered Agent	Dute			
If signing on behalf of an entity:				
Ashton Villegas, Secretary	_			
Triped or Printed Name				

\* \* \* FILING FEE: \$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)