5/13/2020

Division of Corporations

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(((H20000142388 3)))



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Division of Corporations

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Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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## REGISTERED AGENT CHANGE CLOUTIER BUILDING CORPORATION

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CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of ME or registered agent, or both, in the State of Florida.	<i></i>
1. The name of	the corporation: CLOUTIER BUIL	DING CORPORATION	
		ail Unit 209, Windham, ME 04062	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 09/14/201	7 Document number: F17000004113,	<u> </u>
	d street address of the current regi intment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	CO HAY
	C T CORPORATION SYSTEM	1 SS:	$\overline{\omega}$
	1200 SOUTH PINE ISLAND R	OAD T	N.
	PLANTATION, FL 33324	()**- [t]*-	<b>9:</b> 35
6. The name an (if changed):		red agent (if changed) and for registered office	G,
	1201 Hays Street	PO Box NOT acceptable	
	Tallahassee	FL 32301	
The street addr	ress of its registered office and the literate and the literate and the literate and the literate are also as a second control of the literate and the literate are also as a second control of the liter	e street address of the business office of its registered	agent,
Such change wanthorized by t	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
X:	11. 8 Cours	Jill Cilmi, Vice President	
360	ire of an Officer of the ector	Frinted or typed name and title	
I further agree of my duties, a document is be corporation ha	to comply with the provisions of	gent and agree to act in this capacity, all statutes relative to the proper and complete perfoi the obligation of my position as registered agent. Or ge in the registered office address, I hereby confirm to change.	rmance ; if this hat the
By: Lina	e Coknole	05/12/2020	
Sı,	gnature of Registered Agent's	Date	
If signing on b	chalf of an entity:		
	Asst. Vice President		
	Typed or Printed Name		
	* * * FIL	ING FEE: \$35.00 * * *	

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