## F96000005079

(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.					

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 424168 7719002					
AUTHORIZATION :					
COST LIMIT : \$\frac{1}{3}5.00					
ORDER DATE : January 20, 2022					
ORDER TIME : 9:52 AM					
ORDER NO. : 424168-008					
CUSTOMER NO: 7719002					
CHANGE OF AGENT					
NAME: KAESER COMPRESSORS, 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	provisions of sections 607.0502, 61 inge is submitted for a corporation or r to change its registered office or r	organized under the lav	vs of the State of _	Virginia	
1. The name of t	he corporation: KAESER COMPR	RESSORS, INC.			
2. The principal	office address: 511 Sigma Drive, F	redericksburg, VA 22	408		
3. The mailing a	ddress (if different): PO Box 946,	Fredericksburg, VA 2	2404	. <u> </u>	
	poration/qualification: 10/02/1996			005079	
	I street address of the current register timent of State: (If resigned, enter re		d office on file wi	th the	
	Registered Agent Solutions, Inc.			_	
155 Office Plaza Drive, Suite A					
	Tallahassee	FL	32301	_	
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office COP JAN 25				
	1201 Hays Street			25	
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301	ACSESTATE	
The street addre	ess of its registered office and the s be identical.	street address of the bu	siness office of its	s registered agent,	
Such chapge wa authorized by th	s authorized by resolution duly ad he board, or the corporation has be	lopted by its board of d en notified in writing o	lirectors or by an of the change.	officer so	
Xi	re E GONE	Jill Cilmi, Vice	President		
gnatur	e of an officer or director	Printe	ed or typed name and tit	le	
l further agree t of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept the filed merely to reflect a change been notified in writing of this change Service Rompany	l statutes relative to the e obligation of my posi- in the registered office	e proper and com	plete performance I agent. Or, if this ny confirm that the	
By: (lx	Mel	01/25/2022			
_	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	Asst. Vice President				
Ту	rped or Printed Name				

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