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(((H23000045016 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

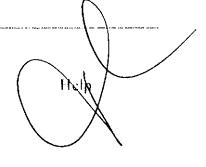
**Enter the email address for this business entity to be used for future 📻 annual report mailings. Enter only one email address please. **

Email Address:____

REGISTERED AGENT CHANGE PATTON'S SERVICE COMPANY, INC.

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Electronic Filing Menu Corporate Filing Menu



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

statement of cha	nge is su	s of sections 607.05 bmitted for a corpor ge its registered off	ration organize	d under the laws of	the State of			
i The name of t	he cours	ration: PATTON'S	SERVICE COM	PANY, INC.	•			
		dress: 2569 HIGHW						
3. The mailing a	ddress (it	different):			uaremanistre un un sentimo de la composição de la composi			
4. Date of incorporation/qualification:				Document numb	per: F210000067	49		
5. The name and	street ad	dress of the current State: (If resigned, a	registered ager					
	URS AC	ENTS, LLC						
3458 LAKESHORE DRIVE								
	TALLA	HASSEE, FL 32312						
6. The name and (if changed):	street ad	dress of the new re				TALLA	2023 FEB	
	C T Co	rporation System				A.	င်္	
		uth Pine Island Road	1			SSC	AM	
			P.O. Box No)T acceptable		Fig.	8.	į
	Plantatic	on, Florida 33324				-C.A.	t -	
as changed will	be ident						gent.	
Such change wa anthorized by the	is author ie board	ized by resolution of the corporation	duly adopted by has been notifi	y its board of directed in writing of th	tors or by an off e change.	icer so		
· ` `)	1	1.4	_	Cindy Patton Ponted or	President			
			•					
согроганов поз	OBEN NO	intment as register y with the provision miliar with and ac nerely to reflect a c tified in writing of	red agent and a us of all statute reept the obliga change in the r this change.	gree to act in this s relative to the pr tion of my position egistered office ad	capacity, oper and comple i as registored ag dress, I herehy c	te perforn zent. Or, i onfirm the	rance if this it the	
C T Corporation	System	ChristinixCV		2/2/26	123			
Sig	nature of Re	gistered Agent			Date			
If signing on be	half of a	n entity:						
Christine Kelm			***************************************					
T	yped or Prin	ted Name	maa aassa meem	01500444				
			FILING FEE:	•••	0.			
M CR2E045 (04/13)		fare checks pay/ Division of Corpo				14		

By:

11 two - 65-19 2020 Walters Klawer Oaline