Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001643183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

Phone : (800)345-4647

Fax Number : (800)432-3622

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 RAWSON, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Électronic Filing Menu

Corporate Filing Menu

Help

(((H23000164318 3)))

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

statement of ch	ange is submitted for	a corporation organiz	, 607.1508, or 617.1508, Florida Stan eed under the laws of the State of TE ed agent, or both, in the State of Flori	XAS
1. The name of	the corporation: RA	AWSON, INC.		
2. The principal	office address: 20	10 MCALLISTER R	D, HOUSTON, TX 77092	
3. The mailing a	address (if different):	650 Washington F	Road Suite 500, Pittsburgh, PA 18	5228
			Document number: F120000	
		e current registered ag- esigned, enter resigned	ent and registered office on file with t	he
	CORPORATION	SERVICE COMPA	ANY_	
	1201 HAYS STE	REET		
	TALLAHASSEE	, FL 32301		202
6. The name and (if changed):	d street address of th	e new registered agent	(if changed) and /or registered office	2023 HAY -:
	Capitol Corporat	e Services, Inc.		2 A
	515 East Park A			[1] 14 <u>3</u>
	Tallahassee, FL		NOT acceptable	9: 32 STATE
The street addings changed will	ess of its registered of the identical.	office and the street as	ddress of the business office of its rep	gistered agent,
Such change was authorized by the	as authorized by res he board, or the corp	olution duly adopted l poration has been noti	by its board of directors or by an offi- fied in writing of the change.	cer so
4	2		Mike Singleton	
	the appointment as to comply with the p to I am familiar will ing filed merely to re s been notified in wr	registered agent and provisions of all statut and accept the oblig effect a change in the iting of this change.	Printed or typed name and title agree to act in this capacity, es relative to the proper and complet ation of my position as registered agregistered office address, I hereby core	te performance ent. Or, if this onfirm that the
3	Inchest:		5/2/2023	
Sig	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
Brian Radeck	i. Assistant Secret	ary on behalf of Ca	nitol Cornorate Services, Inc.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS P.O. ROX 6327, TALLAHASSEE, FL. 32314

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