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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 022895 8426844
AUTHORIZATION :
COST LIMIT 1:1 \$ 35,00 ma
ORDER DATE: September 29, 2023
ORDER TIME : 9:04 AM
ORDER NO. : 022895-007
CUSTOMER NO: 8426844
CHANGE OF AGENT
<u>enance of hours</u>
NAME: BATTLE MOTORS, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker EYAMINER'S INITIALS:

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

statement of cha	nge is submitted fe	ons 607,0502, 617.05 or a corporation orga istered office or regis	mized under the law	es of the	e State of _[DE	this ———
1. The name of t	he corporation:	BATTLE MOTORS, I	NC.				
2. The principal	office address:	V PHILADELPHIA, C					
3. The mailing a	ddress (if differen	1):		•			
4. Date of incorp	oration/qualificat	ion: <u>03/31/2023</u>	Document r	umber	F230000	01874	
		the current registered resigned, enter resign		d office	on file with	1 the	
	C T CORPORA	TION SYSTEM					
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION		FL	3332	4		÷ 23
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office						
	Corporation Service Company						
	1201 Hays Street						MM 9: 31
	1.0. For Not acceptance						
	Tallahassee		FL_	3230	1		
		d office and the stree					
Such change wa authorized by th	s authorized by re e board, or the co	esolution duly adopte rporation has been n	ed by its board of d otified in writing o	irectors f the cl	s or by an o nange.	fficer s	o
Xie o	aonie			Cilmi,	Vice Pres		
I hereby accept I further agree to of my duties, and document is bein corporation has	o comply with the d l am familiar w. 19 filed merely to	is registered agent a provisions of all sta ih and accept the ob reflect a change in t. vriting of this change	nd agree to act in t tutes relative to the ligation of my posi he registered office	his can	d name and title pacity, er and comp registered ss, I hereby		rformance Or, if this n that the
By: Drac	a Zekubi	e	10.	/05/202	23		
	nature of Registered Age	, the state of the		Da	tte		
Grace F Kirhv	, Asst. Vice Presi	dent					
	ped or Printed Name						

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