that my name appears above, or on an attachment with all other like empowered. 10/08/2020

SIGNATURE: JUSTIN STICKLER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: WIREGRASS ARCHAEOLOGICAL CONSULTING, LLC **Current Principal Place of Business:**

2020 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

1455 HONEYSUCKLE ROAD DOTHAN, AL 36305

Current Mailing Address:

DOCUMENT# M1600005220

P.O. BOX 9385 DOTHAN, AL 36304 US

FEI Number: 20-8832318

Name and Address of Current Registered Agent:

STICKLER, JUSTIN 123 AMELIA LANE SANTA ROSA BEACH, FL 32459 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUSTIN STICKLER

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	OWNER
Name	STICKLER, JUSTIN
Address	1455 HONEYSUCKLE ROAD
City-State-Zip:	DOTHAN AL 36305

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Certificate of Status Desired: No

10/08/2020 Date

FILED Oct 08, 2020 Secretary of State 6971856426CR

Date

OWNER