

116305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

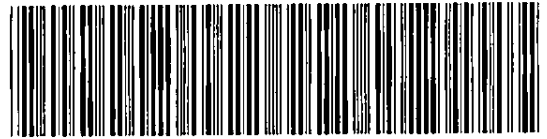
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please
contact Cheyanne at
850-202-1882

Date: 12/19/2024

Name: Cheyenne Davis

Reference #: 2559492

Entity Name: TAMPA ARMATURE WORKS, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$35

Signature: *Cheyenne Davis*

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: TAMPA ARMATURE WORKS, INC.
- 2. The principal office address: 250 Executive Center Drive, Suite 201
Greenville, SC 29615
- 3. The mailing address (if different): 250 Executive Center Drive, Suite 201, Greenville, SC 29615
- 4. Date of incorporation/qualification: 2/1/1928 Document number: 116305
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS ST

TALLAHASSEE, FL 32301

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cogency Global Inc.

115 North Calhoun Street, Suite 4

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Wesley Paul

Signature of an officer or director

Wesley Paul, VP, Corporate Controller

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent

Nov. 21, 2024

Date

If signing on behalf of an entity:

Michael Carlisle, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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TALLAHASSEE, FL 32301

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115 North Calhoun Street, Suite 4
P.O. Box NOT acceptable
Tallahassee, Florida 32301

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 TALLAHASSEE, FL
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/s/ Wesley Paul
Signature of an officer or director

Wesley Paul, VP, Corporate Controller
Printed or typed name and title

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/s/ Michael Carlisle
Signature of Registered Agent

Nov. 21, 2024
Date

If signing on behalf of an entity:
Michael Carlisle, Assistant Secretary
Typed or Printed Name

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