116305

(R	equestor's Name)	
(A	ddress)	
	dd.o.o.\	
(A	ddress)	
(C	ity/State/Zip/Phone #	
`	•	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	·)
(D	Ocument Number)	
Certified Copies	Certificates o	of Status
		
Special Instructions to	o Filing Officer.	
1		

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2024 DEC 20 PH 1: 42

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date: 12/	19/2024	
Name: C	heyanne Davis	
Reference #:	2559492	
Entity Name:	TAMPA ARM	ATURE WORKS, INC.
☐ Articles of	Incorporation/Authorization	on to Transact Business
Amendmer	nt	
Change of	Agent	
Reinstaten	nent	
☐ Conversion	ו	
☐ Merger		
☐ Dissolution	/Withdrawal	
Fictitious N	lame	
Other		
Authorized Amou	nt: \$35	
Signature:	Uhyma Paine	

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

statement of chan	ige is submitted for a c	corporation organize	697.1508, or 617.1508, Florid ad under the laws of the State of	of Fl	orida		
	to change its register.		d agent, or both, in the State o A ARMATURE WORKS, INC				
	office address:	250 Eva	cutive Center Drive, Suite 20	1			
2. The principal of	rrice address		Greenville, SC 29615				
- 3. The mailing ad	dress (if different):	250 Executive C	enter Drive, Suite 201, Green	- iville, SC	2961	5	
	ailing address (if different): 250 Executive Center Drive, Suite 201, Greenville, SC 2961 fincorporation/qualification: 2/1/1928 Document number: 116305						
	street address of the c ment of State: (If resig		nt and registered office on file	with the			
	COF	RPORATION SERVI	CE COMPANY				
_		1201 HAYS	ST		202		
_		TALLAHASSEE, F	FL 32301	ALL	2024 DEC 20	1	
6. The name and street address of th (if changed):	street address of the n	ew registered agent (if changed) and /or registered	AHIGSE OHIO		1 1	
		Cogency Globa	al Inc.		PH 1:42	L.	
	1:	15 North Calhoun St	reet, Suite 4		12		
		PO Box N Tallahassee, Florid	OT acceptable da 32301				
<u>-</u>							
as changed will b	pe identical.		dress of the business office of			agent.	
Such change was authorized by the	s authorized by resolu board, or the corpor	ition duly adopted b ation has been notif	y its board of directors or by a led in writing of the change.	an officer	r so		
/s/ Wesley Paul			Wesley Paul, VP, Corporate Controller				
Signature of an officer of director Printed or typed name		Printed or typed name an	ज tille				
I furthér agrée to of my duties, and document is bein	o comply with the pro Ham familiar with a	visions of all statute nd accept the obliga ect a change in the r	igree to act in this capacity, s relative to the proper and c ition of my position as registe egistered office address, I he	ava aven	I. UI.	11 111113	
/s/ Michael Carlisle			Nov. 21, 2024				
Sign	ature of Registered Agent	- <u></u>	Date				
If signing on beh	all of an entity:						
Michael Ca	arlisle, Assistant Secr	retary					
Typ	ped 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)

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

statement of cha	nge is submitted for a	607,0502, 617,0502, 607,1508, or corporation organized under the red office or registered agent, or l	laws of the State	of	Florida	
		ΤΛΜΩΛ ΛΦΜΛΤΙΙΙ				
	he corporation:	250 Evacutive Center	er Drive, Suite 2	 01		
2. The principal	principal office address: 250 Executive Center Brive, Salte 201 Greenville, SC 29615					
2. The mailing o	ddraec (if different):	250 Executive Center Drive,	Suite 201, Gree	enville, S	SC 296	15
-	address (if different): 250 Executive Center Drive, Suite 201, Greenville, SC 29015 rporation/qualification: 2/1/1928 Document number: 116305					
	street address of the o tment of State: (If resi	rurrent registered agent and regist gned, enter resigned)	ered office on fil	e with t	he	
·	со	RPORATION SERVICE COMPA	ANY		2	
		1201 HAYS ST		2024 DEC 20		-
		TALLAHASSEE, FL 32301		LAH	<u>.</u> C 20	4-5-261
6. The name and : (if changed):	street address of the	new registered agent (if changed)	and /or registered	d office	PH 1: 43	المستدر المستدر المستدر
		Cogency Global Inc.			ີ່ພ	
	1	15 North Calhoun Street, Suite	4		•	
		P O Box NOT acceptable				
		Tallahassee, Florida 32301				
The street addre	ss of its registered of be identical.	fice and the street address of the	business office	of its re	gistered	l agent,
Such change wa authorized by th	is authorized by resol ie board, or the corpo	ution duly adopted by its board cration has been notified in writin	of directors or by ig of the change.	r an offi	icer so	
	/s/ Wesley Paul	Wesley	y Paul, VP. Corp	orate C	ontrolle	r
Signatur	e of an officer or director		rinted or typed name	and title		
I further agree t of my duties, an document is bei	o comply with the pr	egistered agent and agree to act ovisions of all statutes relative to and accept the obligation of my p ect a change in the registered of ing of this change.) the proper and	comple	ete perfo zent. Oi confirm t	ormance r, if this that the
/s/ Michael Carlisle			Nov. 21, 2	024		
Sigi	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Michael C	arlisle, Assistant Sec	retary				
T	ped or Printed Name					
		* * * FILING FEE: \$35.00 * *	*			

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