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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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ail	Address:									٠,	,
		<del>-</del>				•		 		;	,

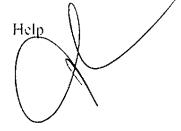
## REGISTERED AGENT CHANGE PIPE WELDERS, INC.

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Please honor original submission date of 5/30/2024

Electronic Filing Menu

Corporate Filing Menu



7074 JUN -3 AM 9:

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

statement of cha	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of $\frac{1}{2}$ or registered agent, or both, in the State of F	lorida	nis —	-			
	the corporation: PIPE WELDERS	· · · · · · · · · · · · · · · · · · ·	itin tetet.					
	-	OAD 84, FORT LAUDERDALE. FL 33312			_			
					_			
3. The mailing a	nddress (if different); 3051 W STA	ATE ROAD, 84 FORT LAUDERDALE, FL 33	3312		_			
4. Dateofincorp	oration/qualification: 3/9/1977	Document number: 527377			_			
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file wit resigned)	th the					
	HAMBY, LOUIS L. III							
	340 Royal Poinciana Way, Suite 321							
	<del>-</del> -:	۲024 ،						
6. The name and (ifchanged):	d street address of the new registe	red agent (if changed) and /or registered off		2024 JUN -3				
	C T Corporation System		SO C	7				
	(1) (235)	9: 02	C					
	***	2						
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	s registere	d agen	ıŧ.			
Such change wa	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an obeen notified in writing of the change.	officer so					
Kething Te Bak		Kathryn McBride, Secretary						
Signatu	re of an officer or director	Printed or typed name and til	le		•			
I further agree of my duties, an document is bei	to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan is been notified in writing of this of Esystem	gent and agree to act in this capacity. all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address. I hereb change.	plete perf l agent. C y confirm	orman F, if the that th	ce us ie			
	Walatie Pickous	5/29/2024						
Sig	nature of Registered Agent	Date						
If signing on be	half of an entity:							
Natalic Pickens,	Assistant Secretary							
	yped or Printed Name	ee-						
	* * * FILI	NG 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)

By: