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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 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. **

Em	34	1	Address:
E III	81	1	Address;

REGISTERED AGENT CHANGE BIGHAM CABLE CONSTRUCTION, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	er to change its registered office of the corporation: Bigham Cable Co	or registered agent, or both, in the State of F onstruction, Inc.	lorida.		
2. The principa	toffice address: 3171 Gulf Breeze	Pkwy, Gulf Breeze, FL 32563			
3. The mailing	address (if different): 11780 US II	lighway 1 Ste 600 Palm Beach Gardens, FL 33-	408		
		Document number: 606103			
	d street address of the current reg intment of State: (If resigned, enter	istered agent and registered office on file wit rresigned)	h the		
	Margeret Bigham				
	2505 ABBIE ELIZABETH CT				
	GULF BREEZE, FL 32563				
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged):					
	C T Corporation System				
	1200 South Pine Island Road		2023 AUG SECRETI		
	Plantation, Florida 33324	P.O Box NOT acceptable	AUG 29		
The street addras changed wil	ess of its registered office and th I be identical.	e street address of the business office of its	regißtered agent. ⊒:		
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so 😥 🖰		
Melissa G. E		Melissa G. Beare, Assistant Secreta:	ià 😕 😕		
=	ire of an officer or director	Printed or typed name and titl	c		
-l further agree -of my duties, ai -document is be	To comply with the provisions of ad I am familiar with and accept	gent and agree to act in this capacity. "all statutes relative to the proper and com the obligation of my position as registered use in the registered office address, I hereby change.	agent. Or, if this		
C T Corporation	n System Land	8/29/2023			
	mature of Registered Agent Kaity Too chalf of an entity:	on, Asst. Secretary			
	yped or Printed Name				
·		ING FEE: \$35.00 * * *			
		to Uroniya Evensiyisteni or Crapi			

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

By: