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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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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REGISTERED AGENT CHANGE PYLON MANUFACTURING CORP

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J. HORNE

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COVER LETTER

TO: Amendment Section Division of Corporations

Pylon Manufacturing Corp Name of Corporation 832880 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo at (888) 705-7274 Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, 617 inge is submitted for a corporation o er to change its registered office or re	rganized under the le	aws of the State of Del	laware
I. The name of t	the corporation: Pylon Manufac	turing Corp		
2. The principal	office address: 600 West Hillsb Beach, FL 33441		Suite 400	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 8/13/1974	Document	t number: 832880	
	d street address of the current register timent of State: (If resigned, enter res	-	red office on file with the	he
	CORPORATION SEF	RVICE COMP	PANY	
	1201 HAYS STREET			
	TALLAHASSEE	FL	32301-2525	
6. The name and (if changed):	Registered Agent Solu	tions, Inc.		2022 NOV 15 SECRETARY FALLARASSE
	155 Office Plaza Dr.	Suite A	,	- ·
	Tallahassee	D, Box NOT acceptable FL 3230)1	A.H 10:
The street address as changed will	ess of its registered office and the st be identical.	reet address of the b	ousiness office of its re	$\overline{}$
•	as authorized by resolution duly add ne board, or the corporation has bee			
s Michael	Baker	Michael Bal	ker Se	ecretary
I hereby accept I further agree to Joy my duties, an document is bei corporation has Machan Sig	the appointment as registered agento comply with the provisions of all all am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change of the chan	nt and agree to act in statutes relative to to obligation of my poin in the registered offi	the proper and comple sxition as registered ag ice address, I hereby co	zent. Or. it this
T	yped or Printed Name * * * FILING	G FEE: \$35.00 * * *	k	

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