## 837024

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Sacritos Simi) itamo,				
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A. RAMSEY
DEC -9 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 182797 7836296 AUTHORIZATION : COST LIMIT : ORDER DATE: December 6, 2022 ORDER TIME : 9:02 AM ORDER NO. : 182797-016 CUSTOMER NO: 7836296 CHANGE OF AGENT NAME: CALDWELL TANKS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX \_ PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of che	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of p egistered agent, or both, in the State of t	Kentucky
1. The name of	the corporation: CALDWELL TANK	S, INC.	
	office address: 4000 TOWER ROA		
3. The mailing (	addrace (if different)		
		Document number: 837024	
5. The name and		red agent and registered office on file w	
	COGENCY GLOBAL INC.		
	115 NORTH CALHOUN ST. SUIT	E 4	_
	TALLAHASSEE	FL 32301	2022 DEC
6. The name and (if changed):	d street address of the new registered  Corporation Service Company	agent (if changed) and /or registered of	-8 AH
	1201 Hays Street		· · · · · · · · · · · · · · · · · · ·
	P.i Tallahassee	O. Box NOT acceptable  FL 32301	. 0
_	ess of its registered office and the st be identical.	reet address of the business office of it opted by its board of directors or by an on notified in writing of the change.	
\ /		<del>-</del>	
. /\-	ere of an officer or director	Jill Cilmi	Vice President
I hereby accept I further agree of my duties, ar document is bet corporation has	the appointment as registered agen- to comply with the provisions of all	statutes relative to the proper and con obligation of my position as registere in the registered office address. Therei	unlete performance
By: Drace	2-Kuby	12/07/2022	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	Asst. Vice President		
7	yped or Printed Name		
	* * * FILING	G 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)