T-C200000435

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	-
	_	_
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(,	
	(Document Number)	
	(
Certified Copies	_ Certificates of St	atue
cenned copies	_ Commences of or	
Special Instructions to	Filing Officer:	
		1
		İ
'		

Office Use Only



700416677787



(, - , _)

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	I2000000195				
REFERENCE :	975177 8262360				
AUTHORIZATION :					
COST LIMIT :	\$135.00				
ORDER DATE : September 7, 2023	The same of the sa				
ORDER TIME : 12:46 PM					
ORDER NO. : 975177-200					
CUSTOMER NO: 8262360					
CHANGE OF AGENT					
NAME: WIDEWATERS CONS	TRUCTION, INC.				
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY					
G0.177.077.077.077.077.077.077.077.077.07					
CONTACT PERSON: Alexxis Weiland	-sorenson				
EXAM	TNER'S INTITALS.				

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

statement of cha	provisions of sections 607.0. ange is submitted for a corpo ar to change its registered off	ration organized un	der the laws of the State o	New York
1. The name of t	the corporation: WIDEWATE	ERS CONSTRUCT	ION, INC.	
2. The principal	office address: 5845 Widew	raters Parkway, Sui	ite 100, East Syracuse, N	Y 13057
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 08/08	/2002	Occument number: F0200	0004038
	d street address of the current rtment of State: (If resigned,		d registered office on file	with the
	C T Corporation System			
	1200 South Pine Island Ro	oad		
	Plantation, FL 33324			
6. The name and (if changed):	I street address of the new rep	gistered agent (if cha	anged) and /or registered o	office
	Corporation Service Comp	any		<u></u>
	1201 Hays Street			
		P.O. Box NOT acc	eptable	_ ;
	Tallahassee		FL 32301	_ 0
The street addre as changed will	ess of its registered office an be identical.	d the street address	of the business office of	its registered agent,
Such change wa author(zed by th	is authorized by resolution d ie board, or the corporation l	uly adopted by its l has been notified in	board of directors or by an writing of the change.	n officer so
Xie	. E agni	Jill C	ilmi, Vice President	
/ P	e of an officer or director		Printed or typed name and	
oj my aunes, and document is beir corporation has	the appointment as registers o comply with the provision d I am familiar with and acc ng filed merely to reflect a c been notified in writing of t n Service Øompany	hange in the registe	to act in this capacity. ative to the proper and co. of my position as register ered office address, I here	mplete performance ed agent. Or, if this oby confirm that the
Bv: (& x	, m Lei	10/02	2/2023	
Sign	nature of Registered Agent		Date	
f signing on bel	nalf of an entity:			
	Asst. Vice President			
Ty:	ped or Printed Name	ULINO PPE ASE	00 + + +	
	7 7 7 1	'ILING FEE: \$35.	VV " " "	

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