| | (Requestor's Name) | |
|---------------------|--------------------------|-------------|
| | (| |
| | (Address) | |
| | | |
| | (Address) | |
| | | |
| | (City/State/Zip/Phone #) | |
| PICK-U | P WAIT | MAIL |
| | | |
| | (Business Entity Name) | |
| | | |
| | (Document Number) | |
| Certified Copies | Certificates of S | Status |
| Special Instruction | s to Filing Officer: | |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLÖBAL.COM

Account#: 120000000088 March 15, 2023 Date:_ James Brodbeck Name: 1931327 Reference #: Entity Name: **SOUTHERN REFRACTORIES, INC.** Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name Other _____

+1.212.947.7200

Signature:

Authorized Amount:

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

| 1. The name of the corporation: SOUTHERN REFRACTORIES, IN | | | | | |
|--|---|---|---|--|--|
| 2. The principal of | e principal office address: 2724 Prestige Rd KELLER, TX 76244 | | | | |
| | | | | | |
| 4. Date of incorpo | oration/qualification: _ | 01/26/2004 | Document number: | F04000000460 | |
| 5. The name and | | urrent registered age | ent and registered office or | | |
| _ | COR | RPORATION SERV | ICE COMPANY | | |
| 1201 HAYS STREET | | | | SECRETARIS | |
| _ | TALLAHASSEE, FL 32301-2525 | | | | |
| 6. The name and : (if changed): | street address of the no | ew registered agent | (if changed) and /or regist | ered office | |
| _ | | Cogency Glob | al Inc. | | |
| | 11 | 15 North Calhoun S | treet, Suite 4 | 5m 0 | |
| - | | PO Box 8 | NOT acceptable | | |
| - | | Tallahassee, Flori | ida 32301 | | |
| The street addres as changed will b | s of its registered offi be identical. | ice and the street ac | ldress of the business offi | ice of its registered agent, | |
| Such change was authorized by the | authorized by resolu board, or the corpora | ition duly adopted bation has been notif | by its board of directors of fied in writing of the char | r by an officer so nge. | |
| 1 | s/ Mark Hauber | | Mark H | lauber | |
| Signature | Signature of an officer or director Printed or typed name and title | | ame and title | | |
| I hereby accept to I further agree to of my duties, and document is bein corporation has i | he appointment as reg comply with the prov I am familiar with a g filed merely to refle been notified in writir | gistered agent and a visions of all statute nd accept the obliga set a change in the o ng of this change. | agree to act in this capac es relative to the proper c ation of my position as re registered office address, | ity. ind complete performance gistered agent. Or, if this I hereby confirm that the | |
| 16 | 3/15/2023 | | 2023 | | |
| Signa | iture of Registered Agent | | Date | | |
| If signing on beh | alf of an entity: | | | | |
| ۲ | imothy Mayville | | | | |
| | ed or Printed Name | _ _ | | | |

* * * FILING 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)