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| | (Requestor's Name) | | | |
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| PICK-UP | WAIT MAIL | | | |
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| | (Business Entity Name) | | | |
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| (Document Number) | | | | |
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| Certified Copies | Certificates of Status | | | |
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| Special Instructions to | Filing Officer: | | | |
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 464252 8331888

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: February 8, 2022

ORDER TIME : 2:18 PM

ORDER NO. : 464252-056

CUSTOMER NO: 8331888

CHANGE OF AGENT

NAME: SALIENT CRGT, 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 cha | provisions of sections 607.0502, 617.050, nge is submitted for a corporation organ, r to change its registered office or registe | ized under the laws of the : | State of Maryland | _ | |
|---|---|---|------------------------------|--------------------|--|
| 1. The name of t | he corporation: SALIENT CRGT, INC. office address: 4000 Legato Road Suite | | | | |
| 2. The principal | office address: | | | _ | |
| 3. The mailing a | ddress (if different): | | | _ | |
| 4. Date of incorp | poration/qualification: 03/21/2005 | Document number: _ | F05000001816 | | |
| | street address of the current registered ag tment of State: (If resigned, enter resigne | _ | on file with the | | |
| | COGENCY GLOBAL INC. | | | | |
| 115 North Calhoun St. Suite 4 | | | | | |
| | Tallahassee | FL 32301 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| | Corporation Service Company | | Stered office AHAS | F | |
| | 1201 Hays Street | | AH S | () | |
| | P.O. Box Tallahassee | NOT acceptable FL 32301 | 9: 34 STATE STFL | | |
| The street addre as changed will | ss of its registered office and the street a be identical. | address of the business of | fice of its registered age | nt. | |
| Such change wa authorized by th | s authorized by resolution duly adopted to board, or the corporation has been not | by its board of directors diffied in writing of the cha | or by an officer so inge. | | |
| Signatur | e of an officer or director | Jill Cilmi Printed or typed i | Vice Presider | nt — | |
| I further agree t of my duties, and document is beit corporation has | the appointment as registered agent and ocomply with the provisions of all status I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. I Service Company | d agree to act in this cana | city | nce this the | |
| By: Drace | Zekuble | 02/11/2022 | | | |
| _ | nature of Registered Agent | Date | | | |
| If signing on bef | half of an entity: | | | | |
| | Asst. Vice President | | | | |
| · | * * * FILING FE | E: \$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)