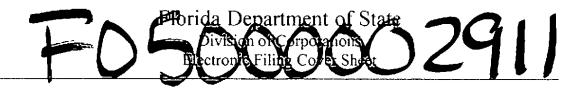
Division of Corporations

To:



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: REGISTERED AGENT CHANGE C & T DESIGN AND EQUIPMENT CO INC Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$43.75

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Help AUG 1 6 2022

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508 , or 617.1508 , Florida Si n organized under the laws of the State of $_$	Indiana	
		registered agent, or both, in the State of Fl	'orida.	
	the corporation: C & T Design and	equipment Co Inc	 .	
2. The principal	office address: No Change			
3. The mailing a	ddress (if different): No Change			
		Document number: F0500000	2911	
	I street address of the current regis trient of State: (If resigned, enters	stered agent and registered office on file with resigned)	h the	
	Adam Shepard			
	9620 Northeast 2nd Ave. Suite 209)	207 Si	
	Miami Shores, FL 33138		Z AUG	
6. The name and (ifchanged):	d street address of the new register	ed agent (if changed) and /or registered offic	2022 AUG 15 PM SECRETARY OF TALLAHASSE	
	C T Corporation System		M I: OF	
	1200 South Pine Island Road		TATE TATE	
	Plantation, Florida 33324	P.O. Box NOT acceptable	• • •	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	registered agent,	
Such change wa authorized by th	s authorized by resolution duly a le board, or the corporation has b	dopted by its board of directors or by an o	fficer so	
June Helon	u .	Jeanne Nelson, Attorney in Fact		
Signatui	e of an officer or director	Printed or typed name and title		
of my duties, and document is being corporation has CA Corporations	a van famitiar with and accept to ng filed merely to reflect a chang been notified in writing of this co System	_	olete performance agent. Or, if this confirm that the	
Signature of Registered Agent		8/4/2022 Date		
If signing on behalf of an entity:		17AIC		
Denise Bell, Ass	istant Secretary			
Ту	ped or Printed Name			
	ž ž č Pii ik	CO PPE. 625 No + + +		

* * * FILING FEE: \$35.00 * * *

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

By: