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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 futur annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ARRI SERVICES, INC.

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To:

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

| statement of cha | inge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of | Delaware | |
|--|--|---|--|---------------------------|
| | | registered agent, or both, in the State of Flo | rida, | |
| 1. The name of | the corporation: ARRI SERVICES, | INC. | | |
| 617 ROUTE 303 | BLAUVELT, NY 10913 | | | |
| 3. The mailing a | iddress (if different): c/o Steven 1 | Pearlman 1844 Pierce St., Charleston, S | C 29492 | |
| 4. Date of incorp | poration/qualification: Detaware (| 08/15/2005 Document number: F05000004 | 738 | |
| 5. The name and | | tered agent and registered office on file with | | |
| | Corporation Service Company | | | |
| | 1201 HAYS STREET TALLAHAS | SSEE, FL 32301-2525 | | |
| 6. The name and (if changed): | - | ed agent (if changed) and /or registered office | e Sillion | 20?2 SEP - 1 |
| | C T Corporation System | | 27.5 27.5 | ٦ |
| | 1200 South Pine Island Road | | 201 ED 6 | |
| | Plantation, Florida 33324 | P.O. Box NOT acceptable | | SH 10: |
| | | | | ₹ |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its r | egis iejt éd a | gefit |
| Such change was authorized by h | as authorized by resolution duly a be board, or the corporation has be | dopted by its board of directors or by an of cen notified in writing of the change. | | |
| The state of | | Steven Pearlman - VP Fina | nce | |
| I hereby accept I further agree of my duties, an document is bei corporation has | to comply with the provisions of a d I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this cl | Printed or typed name and tale ent and agree to act in this capacity, all statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address, I hereby hange. | ete perforn igent. Or, i confirm tha | nance f this it the |
| C T Companion | 2 10 | 09/01/2022 | | |
| source b | Dell serve Agent | Date | | |
| If signing on be | half of an entity: | | | |
| Denise Bell | Assistant Secretary | | | |
| T | yped 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)