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Division of Corporations

Fax Number : (850)617-6380

Fram:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (614)573-3996

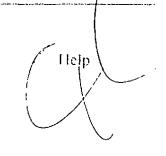
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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|-------|----------|-----------------|---------|------|
| | | | *** | |

REGISTERED AGENT CHANGE UGSI, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$43.75 |

Electronic Filing Menu — Corporate Filing Menu



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

| statement of cha | inge is submitted for a corporation of | $0.002,607,1508$, or $647,1508$, Florida Signification and the laws of the State of $\frac{1}{2}$ gistered agent, or both, in the State of F | Delaware |
|--|---|--|----------------------|
| 1. The name of t | he corporation: UGSI, INC. | | |
| 2. The principal | office address; 580 GODDARD AVE | NUE | |
| CHESTERFIE).1 | D. MO 63005 | | |
| | ddress (if different): | - · · · · · · · · · · · · · · · · · · · | |
| 4. Date of incorp | poration/qualification; 06/15/2006 | Document number: F0600600 | 4175 |
| | I street address of the current register tment of State: (If resigned, enter res | ed agent and registered office on file wit igned) | th the |
| | CORPORATION SERVICE COMPA | NY | |
| | 1201 HAYS STREET | | |
| | TALLAHASSEE, FL 32301 | | |
| 6. The name and (if changed): | street address of the new registered | agent (if changed) and /or registered offi | 2024 FEB |
| | C T Corporation System | | 19 |
| | 1200 South Pine Island Road | | AM SSE |
| | P C Plantation, Florida 33324 |) Box NOT acceptable | EE.FL |
| The street addre | ss of its registered office and the str be identical. | reet address of the business office of its | registered agent, |
| Such change wa authorized by th | is authorized by resolution duly ado the board, or the corporation has been | pted by its board of directors or by an or notified in writing of the change. | officer so |
| | ef P. Schoenekase | DANIEL P. SCHOENEKASE, SEC | TRETARY |
| Signanii | e of an officer or director | Printed or typed name and firl | € |
| l further agree t of my duties, and document is bett | d Lam familiar with and accept the ng filed merely to reflect a change is been notified in writing of this chan System | statutes relative to the proper and com, obligation of my position as registered in the registered office address, I hereb | l agent. Or, if this |
| Simi | CAFRED FARE. | 02/02/2024 Date | |
| | half of an entity. | Z mc | |
| | • | | |
| | DEN, SECRETARY | | |
| 1, | ped 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)

By: