FOLOCOCO 7065

| (Requ | estor's Name) | |
|------------------------------|----------------|-------------|
| (Addre | ess) | <u> </u> |
| (Addre | ess) | |
| (City/S | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Nar | me) |
| (Docui | ment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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OCT 1.5 2019 LALBE DETECTION



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 30, 2019

Order#: 913486-006

Re: WILSON CONSTRUCTION CO.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX __ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | inge is submitted for a corpo | 502 , 617.0502 , 607.1508 , or 617.1508 , Florida Stration organized under the laws of the State of \underline{C} according to the state of Flux or Flux in the State of Flux in th | OR |
|---|---|--|--|
| | | ILITY CONSTRUCTION COMPANY | |
| 2. The principal | office address: 1190 NW TH | IIRD, CANBY, OR 97013 | |
| 3. The mailing a | address (if different): PO BOX | X 1190, CANBY, OR 97013 | Mark and the second sec |
| 4. Date of incorp | poration/qualification: 11/13 | /2006 Document number: F0600000 |)7065 |
| | istreet address of the current tment of State: (If resigned, o | registered agent and registered office on file wit enter resigned) | h the |
| | C T CORPORATION SYST | ſEM | ~ |
| | 1200 SOUTH PINE ISLAND | 2015 001 | |
| | PLANTATION, FL 33324 | | 01-2 |
| 6. The name and (if changed): | | gistered agent (if changed) and /or registered offi- | PH II: 07 |
| | Corporation Service Compa | any | . — |
| | 1201 Hays Street | | |
| | Tallahassee | P.O Box NOT acceptable FL 32301 | |
| The street addre | ess of its registered office an be identical. | d the street address of the business office of its | registered agent, |
| Such change wa | s authorized by resolution d | uly adopted by its board of directors or by an of has been notified in writing of the change. | |
| | Lie E. Cienci | Jill Cilmi, Vice President | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | to comply with the provision my duties, and I am familiar is document is being filed me | Printed or typed name and title ed agent and agree to act in this capacity. is of all statutes relative to the proper and comp r with and accept the obligation of my position of erely to reflect a change in the registered office en notified in writing of this change. | olete as registered |
| By: Drac | | 09/27/2019 | |
| | half of an untity: | Date | |
| | half of an entity: | | |
| | Asst. Vice President yed or Printed Name | | |

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