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Phone : (561)508-5033  Pax Number : (561)694-1639	60	a Tanta ad	Division of Corporations Pax Number : (850)617-6380	PYLE
Account Number: 120160000086  Phone: (561)508-5033  Fax Number: (561)694-1639	က်	. Prom:		3
Phone : (561)508-5033  Pax Number : (561)694-1639	-1		Account Name : UNITED AGENT GROUP INC.	3
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## REGISTERED AGENT CHANGE BECHTEL ENERGY INC.

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

statement of cha	inge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statut anized under the laws of the State of Florid	la	
	- • • • • •	istered agent, or both, in the State of Florid	a.	
	the corporation: BECHTEL ENERGY I	NC.		
2. The principal	office address: 3000 Post Oak Blvd.			
Houston, TX 770				
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/13/2006	Document number: F06000007763		<del></del>
	I street address of the current registered trunent of State: (If resigned, enter resigned,	agent and registered office on file with the ned)	<b>;</b>	
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324		F.,	~>
5. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):				2021 HAY 27
	United Agent Group Inc.		SET	27
	801 US Highway 1		of s	A
	P.O. 1	Box NOT acceptable	超至	ö
	North Palm Beach, FL 33408		β» Cultití	
The street addresses changed will	ess of its registered office and the stree be identical.	et address of the business office of its regi	stered ag	ent,
Such change wa authorized by th	is authorized by resolution duly adopt the board or the corporation has been i	ed by its board of directors or by an office notified in writing of the change.	er so	
	(1)	Cierra Mims, Attorney-in-fact		
•	o or an officer or director	Printed or typed name and title		_
l hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stone of a list of a manifer the of the first and accept the of the filed merely to reflect a change in been notified in writing of this chang	and agree to act in this capacity, atutes relative to the proper and complete bligation of my position as registered agen the registered office address, I hereby con te.	perform it. Or if ifirm that	ance this the
	(')	05/27/2021		
Sign	nature of Registered Agent	Date		_
if signing on be	half of an entity:			
Cierra Mims, Spe	cial Secretary			
Ty	ped or Printed Name			

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)

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