## F07000005805

Office Use Only



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A. BUTLER JUL 28 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 823010 7160018				
AUTHORIZATION : Spelle de la				
COST LIMIT : \$ 35.00				
ORDER DATE : July 20, 2022				
ORDER TIME : 2:32 PM				
ORDER NO. : 823010-110				
CUSTOMER NO: 7160018				
CHANGE OF AGENT				
NAME: COLONIALWEBB CONTRACTORS COMPANY				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
EXAMINER'S INITIALS:				

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

statement of cha	ange is submitted for a corporation of	reganized under the laws of the State of $\frac{}{}$	/A
	the corporation: COLONIALWEBB (		
2. The principal	office address: 2820 Ackley Avenue	e Richmond, VA 23228	·
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/26/2007	Document number: F0700000	05805
	d street address of the current registe rtment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	AD	<b>F I</b> 2022 JUL 27 SLÇRE (XY)
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new registered	I agent (if changed) and /or registered offi	AM 10: 20
	Corporation Service Company		
	1201 Hays Street		
	P.	O, Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the s	treet address of the business office of its	registered agent.
Such change wa authorized by the	as authorized by resolution duly adhe board, or the corporation has been	opted by its board of directors or by an o en notified in writing of the change.	fficer so
$X_{i}$	e 2 aonie	Jill Cilmi	Vice President
Signatu	ne of an officer or director	Printed or typed name and title	:
I furthe <del>r ag</del> ree of my duties, an document is bei corporation has	the appointment as registered ages to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha n Service Company	l statutes relative to the proper and comp e obligation of my position as registered in the registered office address. I hereby	plete performance agent. Or, if this confirm that the
By: Drac	الما كلم الم	07/25/2022	
	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	Asst. Vice President		
T'	yped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314