F08000005471

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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2022 JUL 26 AM 8: 45

RECT TO 3:39

A. BUTLER JUL 2/ 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

* , , , *

ACCOUNT NO. : 12000000195

REFERENCE : 823010 7160018

AUTHORIZATION : Spelle le man

COST LIMIT : '\$ 3'5'.00

ORDER DATE : July 20, 2022

ORDER TIME : 1:17 PM

ORDER NO. : 823010-004

CUSTOMER NO: 7160018

CHANGE OF AGENT

NAME: ACI MECHANICAL, INC.

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	provisions of sections 607.0502, 6. nge is submitted for a corporation r to change its registered office or	organized under t	he law	s of the State	of DE	this	_
1. The name of t	he corporation: ACI MECHANICA	L, INC.					
2. The principal	office address: 2182 231st Lane F	P.O. Box 192 Ames	s, IA 5	0014			
3. The mailing a	ddress (if different):		-				
4. Date of incorp	poration/qualification: 12/29/2008	Docur	nent n	umber: F08	000005471		
	street address of the current registement of State: (If resigned, enter i		isterec	l office on til	le with the		
	C T CORPORATION SYSTEM						
	1200 SOUTH PINE ISLAND RO)AD					
	PLANTATION		FL	33324			
6. The name and (if changed):	street address of the new registere	ed agent (if change	d) and	/or registere	d office SECRETA	2022 JUL 26	
	1201 Hays Street				<u></u>	26	The Na
	Tallahassee	P.O Box NOT acceptable	FL	32301	355 1335 1830	AH 8:	O
The street addre	ss of its registered office and the be identical.	street address of the	he bus	iness office	of its registe		gent,
	s authorized by resolution duly a board, or the corporation has be						
	e E. alnie	Jill Cilmi				Presid	ent
I hereby accept I further agree t of my duties, and document is bein corporation has	e of an officer or director the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this ci	ill statutes relative he obligation of m e in the registered	ct in t	d or typed name: his capacity, e proper and tion as regis address, I h		erform Or i rm tha	vance f this t the
By: X)n	Service Company Lo Chol Nature of Registered Agent	07/25/202	2	Date			
If signing on bel	half of an entity:						
	Asst. Vice President						

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