FICOCO 183

(Red	questor's Name)				
	dress)				
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(City	y/State/Zip/Phone #	t)			
PICK-UP	WAIT	MAIL			
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(Bus	siness Entity Name)			
(Doc	cument Number)	 .			
Certified Copies	Certificates	of Status			
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Special Instructions to Filing	g Officer:	-			
J. HORNE					
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Office Use Only



2023 JUH -9 MA PRIZIUH -9 PH 3: 2

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 1779930 8319228
AUTHORIZATION : STATE OF THE PARTY OF THE PA
COST LIMIT : \$ 35.00
ORDER DATE: May 31, 2023
ORDER TIME: 1:23 PM
ORDER NO. : 779930-007
ORDER NO. : //9930-00/
CUSTOMER NO: 8319228
CHANGE OF AGENT
NAME: BIDURENERGY, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson
EXAMINER'S INTITALS.

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

statement of cha	provisions of sections 607.0502, 617.050. inge is submitted for a corporation organ ir to change its registered office or registe	ized under the law	s of the S	State of <u>NY</u>	
1. The name of t	the corporation: BIDURENERGY, INC.				
2. The principal	office address:				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 02/15/2010	Document n	umber: _	F1000000783	
	I street address of the current registered attended to the transfer of State: (If resigned, enter resigned)		d office o	on file with the	
	CT CORPORATION SYSTEM	•			
	1200 SOUTH PINE ISLAND ROAD			IWI ISS	20
	PLANTATION	FL	33324		73. _H
6. The name and (if changed):	I street address of the new registered ager Corporation Service Company	nt (if changed) and	l /or regis	stered office	
	1201 Hays Street	·			الرسية
		NOT acceptable	<u>.</u>		NS.
	Tallahassee	FL	32301		67
The street addre	ess of its registered office and the street be identical.	address of the bus	siness off	fice of its registered a	gent,
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of d tified in writing o	irectors of the cha	or by an officer so inge.	
ع بين ا	Cionie		Cilmi,	Vice President	
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and to comply with the provisions of all state of a land accept the oblining filed merely to reflect a change in the been notified in writing of this change. Service, Company	d naree to act in t	his cona	name and title city. and complete perforn egistered agent. Or, i e, I hereby confirm tha	nance f this I the
By: I have	At hi	06/08	3/2023		
Sign	nature of Registered Agent		Date		
H signing on bei	half of an entity:				
	Asst. Vice President				
Ту	sped 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 * * *