## F10000000943

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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Office Use Only



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C. GOLDEN AUG 3 1 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: 0       | 8/28/2020                      |                        |
|---------------|--------------------------------|------------------------|
| Name:         | Merritt Walker                 | <u> </u>               |
| Reference #:_ |                                |                        |
|               | CHESTERFIEL                    | D RESOURCES, INC.      |
| ☐ Articles    | of Incorporation/Authorization | n to Transact Business |
| ☐ Amendr      | ment                           |                        |
| ✓ Change      | of Agent                       |                        |
| ☐ Reinsta     | tement                         |                        |
| ☐ Convers     | sion                           |                        |
| ☐ Merger      |                                |                        |
| ☐ Dissolut    | ion/Withdrawal                 |                        |
| ☐ Fictitiou   | s Name                         |                        |
| Other_        |                                |                        |
|               |                                |                        |
| Authorized Am | ount: <b>\$35</b>              | <del></del>            |
| Signature:    | , 111. 1                       |                        |

F: 800.944.6607

F: +852.2682.9790

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

| statement of cha   | provisions of sections 60,<br>inge is submitted for a cor<br>er to change its registered  | rporation organized  | under the laws of the Sta  | ne of Ohio                              |  |
|--|---|--|--|---|--|
| 1. The name of   | the corporation:  | CHESTER  | FIELD RESOU  | RCES, INC.                              |  |
|  | office address: No Cha  | ange   |  |   |  |
| 3. The mailing a   | address (if different):   |  |  |   |  |
| 4. Date of incorp  | poration/qualification: Fe  | ebruary 22, 2010   | Document number:   | F10000000943                            |  |
|  | I street address of the curr<br>timent of State: (If resigne  |  | and registered office on   |   |  |
|  | REGISTERE   | D AGENT SO   | LUTIONS, INC   |   |  |
| 155 OFFICE PLAZA DR., STE A  |   |  |  |   |  |
|  | TALLA   | AHASSEE, F   | L 32301  |   |  |
| 6. The name and (if changed):  | I street address of the new   | registered agent (if o   | changed) and /or register  | red office                              |  |
|  | COGENCY G   | LOBAL INC.   |  | <u>.</u>                                |  |
|  | 115 North Calhoun St., Suite 4  |  |  |   |  |
|  | Tallahassee, F  | P.O. Box NOT accepta   | ble  |   |  |
| The street addre   | ss of its registered office<br>be identical.  | and the street addre   | ss of the business office  | of its registered agent,                |  |
| Such change wa<br>authorized by th   | s authorized by resolution<br>e board, or the corporation   | n duly adopted by its<br>on has been notified                            | s board of directors or b<br>in writing of the change                          | y an officer so                         |  |
| /s/ Robert Jes   | SSUP  |  | Robert Jessup  | President                               |  |
| I hereby accept i<br>I further agree to<br>performance of i<br>agent. Or, if thi | the appointment as regist<br>o comply with the provisi<br>my duties, and I am famil<br>s document is being filed<br>hat the corporation has I | ions of all statutes re<br>liar with and accept<br>merely to reflect a c | lative to the proper and<br>the obligation of my po<br>hange in the registered | )<br>I complete<br>sition as registered |  |
| /s/ Tim Mayville   |   |  | 8/28/2020  |   |  |
| Sign   | ature of Registered Agent   |  | Date   |   |  |
| If signing on bel  | alf of an entity:   |  |  |   |  |

Tim Mayville, Assistant Secretary

Typed or Printed Name

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