F10000002325

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 532093 8406289			
AUTHORIZATION: Commended in a			
COST LIMIT : \$ 35.00			
ORDER DATE : February 28, 2023			
ORDER TIME : 9:30 AM			
ORDER NO. : 532093-003			
CUSTOMER NO: 8406289			
CHANGE OF AGENT			
NAME: FIRE ENGINEERING COMPANY, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a c	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of of office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: FIRE E	NGINEERING COMPANY, INC.
		CITY, UT 84123-3616
3. The mailing a	nddress (if different):	
		05/18/2010 Document number: F10000002325
	I street address of the cu tment of State: (If resig	rrent registered agent and registered office on file with the ned, enter resigned)
	C T CORPORATION	SYSTEM
	1200 SOUTH PINE IS	SLAND ROAD
	PLANTATION	FL 33324
6. The name and (if changed):	I street address of the ne	ew registered agent (if changed) and /or registered office
	1201 Hays Street	Ter.
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered offi be identical.	ce and the street address of the business office of its registered agent.
Such change was author(ze)l by th	as authorized by resolune board, or the corpora	tion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
Xie	e agni	Jill Cilmi, Vice President
I hereby accept I further agree to of my duties, an document is bei- corporation has	to comply with the prov d I am familiar with ar	Printed or typed name and title distered agent and agree to act in this capacity, distins of all statutes relative to the proper and complete performance ad accept the obligation of my position as registered agent. Or, if this act a change in the registered office address. I hereby confirm that the g of this change.
By:	nce C-Kubi	03/01/2023
Sign	nature of Registered Agent	Date
11 signing on be	half of an entity:	
	Asst. Vice President ped or Printed Name	

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