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A. BUTLER NOV - 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 088450 7347315							
AUTHORIZATION :							
COST LIMIT : STELLE ROLL							
ORDER DATE: October 31, 2022							
ORDER TIME : 10:19 AM							
ORDER NO. : 088450-005							
CUSTOMER NO: 7347315							
CHANGE OF AGENT							
NAME: SOMMERVILLE-WILSON, INC.							
IN I. D. T. D. T. T. D. D. D. T. D. D. D. T. D.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
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CONTACT PERSON: Alexxis Weiland							
EXAMINER'S INITIALS:							
DAMITINER O INTITADO.							

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org to change its registered office or reg	ganized under the law	vs of the State of	MINNE	ESOTA	<u> </u>
1. The name of t	he corporation: SOMMERVILLE-WIL	SON, INC.				
	office address: 6407 WELCOME AV					
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 03/17/2011	Document r	number: <u>F11000</u>	001215	5	
	street address of the current registere tment of State: (If resigned, enter resi	_	d office on file w	vith the		
	COGENCY GLOBAL INC.			_		
115 NORTH CALHOUN ST. SUITE 4						
	TALLAHASSEE	FL.	32301	7 <u>5.</u>	2022	
6. The name and (if changed):	street address of the new registered a	igent (if changed) and	d /or registered of	Tice.	2022 NOV - I	
	Corporation Service Company			<u> </u>	A	
	1201 Hays Street			1750 1757 1857	AH 10: 5	(
P.O. Box NOT acceptable					-	
	Tallahassee	FL	32301			
The street addre as changed will	ss of its registered office and the stre be identical.	eet address of the bu	siness office of i	its regis	tered a	igent.
Such change wa authorized by th	s authorized by resolution duly adope board, or the corporation has been	oted by its board of d notified in writing o	lirectors or by ar of the change.	ı officei	r so	
/ Xee	E. Whee	Jill Cilmi, Vice 1				
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent to comply with the provisions of all standard amount of all standard agent the first amount of all standard accept the first filed merely to reflect a change in been notified in writing of this change in Service Company	and agree to act in t tatutes relative to the obligation of my post the registered office	ed or typed name and I this capacity e proper and con ition as registere e address, I here		verforn t. Or irm the	nance if this at the
By: L) nc	ature of Registered Agent	11/01/2022	Date			
If signing on bel	nalf of an entity:					
	Asst Vice President					
12	•	FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314