## F120000000 19

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ac                                     | idress)            |             |  |  |
| (Ac                                     | ddress)            |             |  |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bı                                     | usiness Entity Nar | me)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | Certificates       | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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Office Use Only



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SECRETARY OF STATE
SIVISION CF CERPORATIONS

Ra Change

MAY 2 4 2019

D CUSHING



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: May 8, 2019

Order#: 725385-009

Re: CHIMIENTI & ASSOCIATES

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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SEURE IVEN OE STATE TO

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

| statement of ch   | ange is submitted for a corporat  | , 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of CA or registered agent, or both, in the State of Florida.  | <del></del>      |
|---|---|---|------------------|
|   | the corporation: CHIMIENTI & A  |   |                  |
| 2. The principa   | l office address: 3400 W MINER  | AL KING AVE. SUITE B, VISALIA. CA 93291   |                  |
| 3. The mailing  | address (if different):   |   |                  |
| 4. Date of incor  | rporation/qualification: 01/03/20   | Document number: F12000000019   |                  |
|   | id street address of the current repartment of State: (If resigned, ent-                                | gistered agent and registered office on file with the er resigned)  |                  |
|   | HATCH, JOHN DESQ  |   |                  |
|   | 1267 BERMKSHIRE LANE SU   | JITE 200  |                  |
|   | TARPON SPRINGS, FL 3468   | 8   |                  |
| 6. The name an (if changed):  | _   | tered agent (if changed) and /or registered office  | がの場合             |
|   | 1201 Hays Street  | ) Box NOT acceptable  |                  |
|   | Tallahassee   |   | 741<br>749 ST    |
| The street addr   | ress of its registered office and to  | he street address of the business office of its registered a  | · > >            |
| ~   |   | y adopted by its board of directors or by an officer so seen notified in writing of the change.   | $\tilde{\sigma}$ |
| X   | Jill Cilmi, Vice President  |   |                  |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if the<br>hereby confirm | to comply with the provisions of<br>fmy duties, and I am familiar w<br>his document is being filed mere | agent and agree to act in this capacity, of all statutes relative to the proper and complete thin accept the obligation of my position as registered by to reflect a change in the registered office address, I dottfied in writing of this change. | d                |
| By: Dra   | ce Cokubi.  | 04/26/2019  |                  |
| If signing on bo  | ehalf of an entity:   | Date  |                  |
|   | r, Assistant Vice President Typed or Printed Name   | _   |                  |

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