## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE C&J WELL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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Corporate Filing Menu

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C. GOLDEN
DEC 2.3 Z019

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

statement of ch	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.	
l. The name of	the corporation: C&J Well Service	es, Inc.	
2. The principal	office address: 3990 Rogerdale,	Houston, TX 77042	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 03/07/201	Document number: F13000001033	
	d street address of the current reportment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	
	Corporation Service Company		
	1201 Hays Street		2.
	Tallahassee, FL 32301-2525		2.18 bec 50
6. The name an (if changed):	_	ered agent (if changed) and /or registered office	
	C T Corporation System		#11 10:
	1200 South Pine Island Road		57
	P.o Plantation, Florida 33324	). Box NOT acceptable	
The street addrass changed wil	ress of its registered office and the identical.	he street address of the business office of its registered	agent,
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Ma	equet Mohan	Margatet Mohan, Secretary	<del></del>
I hereby accept I further agree performance o	of the appointment as registered to comply with the provisions of f my duties, and I am familiar w	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete th and accept the obligation of my position as registere by to reflect a change in the registered office address, I iotified in writing of this change.	vd
ŧΑ	MASS ALL gradure of Registered Agent	12/18/2019	
If signing on b	gnature of Registered Agent chalf of an entity: . Asst. Secretary	Date	
	Typed or Printed Name	_	

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