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CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: November 1, 2022 ORDER TIME : 1:31 PM ORDER NO. : 091888-020 CUSTOMER NO: 7611799 CHANGE OF AGENT NAME: EDISON POWER CONSTRUCTORS, INC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050. unge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the	State of Arizon	na	
1 The name of t	the corporation: EDISON POWER CON	STRUCTORS, INC.			
2 The principal	office address: 3450 Higley Road, Suite	101, Mesa, AZ 85215			_
z. The principal	office addresss				
3. The mailing a	ddress (if different): 400 E. Las Colinas	Boulevard, Suite 800, In	ving, TX 75039		_ _
	poration/qualification: 10/04/2013				
	I street address of the current registered at tment of State: (If resigned, enter resigne		on file with the		
	C T Corporation System				
	1200 South Pine Island Road	_			
	Plantation	FL 33324	1		
6. The name and (if changed):	I street address of the new registered agen	it (if changed) and /or regi	istered office	SECRE!	2022 NOV
	Corporation Service Company			SS	7-7
	1201 Hays Street		_		<u> </u>
	P.O. Box NOT acceptable				
	Tallahassee	FL32301		÷	Ω .:.
The street addre	ess of its registered office and the street a be identical.	address of the business o	ffice of its regis	tered age	ent,
Such change wa authorized by th	s authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors ified in writing of the ch	or by an officer ange.	r so	
\times	2 Court	Jill Cilmi, Vice Preside	nt		
Signatur	re of an officer or director	Printed or typed	name and little		_
I furither agree I of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change of Service Company	d agree to act in this cape ites relative to the proper gation of my position as e registered office addres	acity. r and complete p registered agen s, I hereby conf	verforma t. Or, if Irm that	mce this the
- / 0	1. M. Seal	11/07/2022			
By: Sign	nature of Registered Agent	Dat	c		_
If signing on be	half of an entity:				
Ami M. Casper,	Asst. Vice President				
	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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