| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer. | | | | | | |
| | | | | | | |
| J. HORNE | | | | | | |
| NOV - 8 2022 | | | | | | |

Office Use Only



200396616062

2022 NOV -7 AH 11: 1,5

<u>.</u>.

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE : 091888 7611799 |
| REFERENCE: 091888 7611799 AUTHORIZATION FULL BLOOM |
| COST LIMIT (\$\square\$ \$\square\$ 35.00 |
| ORDER DATE : November 1, 2022 |
| ORDER TIME : 1:32 PM |
| ORDER NO. : 091888-104 |
| CUSTOMER NO: 7611799 |
| |
| CHANGE OF AGENT |
| |
| NAME DOUBLE LINE SERVICES INS |
| NAME: POWER LINE SERVICES, INC. |
| |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| |
| CERTIFIED COPY XX PLAIN STAMPED COPY |
| |
| CONTACT PERSON: Eyliena Baker |
| EXAMINER'S INTITALS: |

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

| statement of char | ige is submitted | ctions 607.0502, 617.0502 A for a corporation organi registered office or registe | ized under the law | s of the State of <u>lex</u> | (as | |
|--|---|--|--|---|-----------------|--|
| | | POWER LINE SERVICE | | | | |
| The name of a The principal a | office address:_ | 400 E. Las Colinas Bou | levard, Suite 800 | , Irving, TX 75039 | | |
| | | ent): | | | | |
| 4. Date of incorp | oration/qualific | eation: 10/23/2013 | Document n | umber: F13000004 | <u> </u> | |
| 5. The name and | street address | of the current registered at (If resigned, enter resigne | gent and registered d) | d office on file with th | ne | |
| | C T Corporati | on System | | | | |
| | 1200 South P | ine Island Road | | | | |
| | Plantation | | FL | 33324 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company | | | | | | |
| | | | | | | |
| | Tallahassee | | FL | 32301 | | |
| The street addre | ss of its registe be identical. | ered office and the street | address of the bus | siness office of its re | gistered agent, | |
| Such change wa authorized by th | s authorized by | y resolution duly adopted corporation has been no | l by its board of d tified in writing o | irectors or by an offi I the change. | cer so | |
| Xie & Comi | | | Jill Cilmi, Vice | | | |
| I hereby accept I further agree to of my duties, and document is bein corporation has | a I am jamiliar ng filed merely Been notified i | nt as registered agent and the provisions of all state with and accept the obli- to reflect a change in the in writing of this change. | d agree to act in t utes relative to the igation of my post e registered office | | | |
| By: Corporation | Service Co | mbany | 11/07/2022 | Date | | |
| If signing on be | nature of Registered | | | Date | | |
| Ami M. Casper, | | esident | | | | |
| •, | | * * * FILING FE | E: \$35.00 * * * | | | |

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