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To:

Division of Corporations

Fax Number : (850

: (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 BRACE INDUSTRIAL CONTRACTING, INC.

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

statement of cha	nge is submitted for a corporation organi	!, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of <u>Delawarc</u> red agent, or both, in the State of Florida.	ς
1. The name of t 2. The principal	he corporation: BRACE INDUSTRIAL Conffice address: 14950 Heathrow Forest Pkw	ONTRACTING, INC. y. Ste. 150. Houston, TX 77032	
-	ddress (if different):		
4. Date of incorp	oration/qualification: 07/23/2014	Document number: F14000003108	
5. The name and	street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with the	26
	CORPORATION SERVICE COMPANY		2021 DEF
	1201 HAYS STREET		1
	TALLAHASSEE, FL 32301-2525		co
6. The name and (ifchanged):	street address of the new registered agen C T Corporation System	(if changed) and /or registered office	L1112.
	1200 South Pine Island Road		
	P.O. Box	NOT acceptable	
	Plantation, Florida 33324		
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business office of its registered	l agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.	
1 Store	·	William D. Ryan, VP & Treasurer	
Signatur	e of an officer or director	Printed or typed name and title	
l further agrée t of my duties, an document is bei corporation has	d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete perfo gation of my position as registered agent. Or registered office address, I hereby confirm t	rmance r, if this that the
C T Corporation	System	12/8/2021	
Signing on be	half of an entity: Alfred Your Assistant Secr		
Ty	ped or Printed Name * * * FILING FE.	E: \$35.00 * * *	

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

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By: