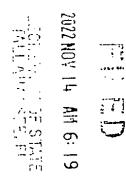
F16 00000 1815

(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:						
Special instructions to Filling Officer.						

Office Use Only



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2022 NOV 14 AMII: 40

<u>.</u> 1

A. BUTLER NOV 16 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 127219 8381425					
AUTHORIZATION: Spullelene					
COST LIMIT : \$ 35.00					
ORDER DATE: November 10, 2022					
ORDER TIME : 7:38 AM					
ORDER NO. : 127219-035					
CUSTOMER NO: 8381425					
CHANGE OF AGENT					
NAME: UNIT, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					
EXAMTNER'S INTUTALS.					

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

		502, 607.1508, or 617.1508, Florida Stati anized under the laws of the State of _AL	utes, th	is
	-	istered agent, or both, in the State of Flori	ida.	
1. The name of	the corporation: UNIT, INC.			
	Suite N Mobile, AL 36603			
3. The mailing a	address (if different): PO Box 16506 Me	obile, AL 36616		
4. Date of incorp	poration/qualification: 04/18/2016	Document number: F160000018	315	
	d street address of the current registered timent of State: (If resigned, enter resigned)	dagent and registered office on file with the	he	
	COFFEY, PATRICK J			
	3205 EAST OLIVE ROAD		۲,	26
	PENSACOLA, FL 32514		460 400)22 H
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	-4-7 	022 NOV 14
	Corporation Service Company		1:57	
	1201 Hays Street		- 55 - 55	 6: ,
	P.O. E	Box NOT acceptable	::	9
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the street be identical.	et address of the business office of its reg	gist ere c	i agent,
Such change was authorized by th	is authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an officialist in writing of the change.	cer so	
Patrick (2 Coffey	Patrick J. Coffey, President		
	e of an oliver or pirector	Printed or typed name and title		
of my duties, and document is beil corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ol ng filed merely to reflect a change in t been notified in writing of this chang I Service Company	and agree to act in this capacity. Atules relative to the proper and completeligation of my position as registered agonates. I hereby contents.	le perfo ent. O onfirm	rmance r, if this that the
3y: L)m	re Cokubi	11/10/2022		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby, /	Asst. Vice President			
Ty	ped or Printed Name			

* * * FILING FEE: \$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)