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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

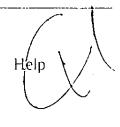
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ARES TECHNICAL SERVICES CORPORATION

Certificate of Status	0
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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	7.0302, 607.1308, or 617.1308, Florida Statutes, this organized under the laws of the State of California registered agent, or both, in the State of Florida.					
1. The name of t	he corporation: ARES Technical Se	vices Corporation					
	office address:						
3. The mailing a	ddress (if different):						
4. Date of incorp	coration/qualification: 07/11/2016	Document number: F16000003075					
	I street address of the current registenent of State: (If resigned, enter re	ered agent and registered office on file with the esigned)					
	C T CORPORATION SYSTEM						
	1200 SOUTH PINE ISLAND ROAD . 25						
	PLANTATION, FL 33324						
5. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office						
	Northwest Registered Agent LLC						
	7901 4th St N STE 300						
	P.O. Box NOT acceptable St. Petersburg Ft, 33702						
The street addre	ess of its registered office and the sbe identical.	street address of the business office of its registered agent,					
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.					
Ita	n Sanch	Stan Lynch, Secretary, Director					
Signatu	re of an officer we director	Printed or typed name and title					
further agree i If my duties, an locument is bei	to comply with the provisions of all d I am familiar with and accept th	ent and agree to act in this capacity. I statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this win the registered office address, I hereby confirm that the ange.					
Taplan /Vann	-	12/05/2023					
Sig	nature of Registered Agent	Date					
f signing on be	half of an entity:						
Taylor Newman							
E	yped or Printed Name						

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