F17000005535

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195				
REFERENCE : 653289 844456515				
AUTHORIZATION :				
COST LIMIT : \$ 35.00				
ORDER DATE: September 20, 2024				
ORDER TIME : 2:14 PM				
ORDER NO. : 653289-017				
CUSTOMER NO: 8444565				
CHANGE OF AGENT				
NAME: DRAX BIOMASS INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Amanda Miller				
EXAMINER'S INITIALS:				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ _{\bullet}$

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ to change its registered office or regist	nized under the laws of the State of D)E	
	the corporation: DRAX BIOMASS INC.	erea agent, or wort, in the state of the	<i>,,</i> , , , , , , , , , , , , , , , , , ,	
2. The principal	office address:	-		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/08/2017	Document number: F1700000)5535	
5. The name and	street address of the current registered a tment of State: (If resigned, enter resign	ngent and registered office on file with		
	COGENCY GLOBAL INC.			
	115 NORTH CALHOUN STREET, STE 4			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered offic	ce	
	Corporation Service Company		2021	
	1201 Hays Street	.	. E	
		x NOT acceptable	36	
	Tallahassee	FL 32301	m e im	
The street addre	ss of its registered office and the street be identical.	address of the business office of its	registered agent.	
Such change wa authorized by th	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	officer so	
/s/Matt White		Matt White	Vice President	
I hereby accept I further agree t of my duties, an document is bei	e of an officer of director the appointment as registered agent ar to comply with the provisions of all stat all an familiar with and accept the ob- ing filed merely to reflect a change in the been notified in writing of this change	tutes relative to the proper and comp ligation of my position as registered he registered office address. I hereby	olete verformance	
Corporation By: N	Service Company Co. C.	09/27/2024		
_		17010		
	half of an entity:			
	Asst. Vice President yed or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
3)
CSC 653289 017

CR2E045 (04/13)