## F18000004369

	() <b>(1)</b>
(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:	

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: October 29, 2020

Order#: 490215-015

Re: WAGGONER RESILIENCE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX \_ Check in the amount of \$\$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of MISSIS registered agent, or both, in the State of Florida.	
1 The name of	the corporation: WAGGONER RES	SILIENCE, INC.	
2. The principal	office address: 143-A LEFLEURS	SQUARE, JACKSON, MS 39211	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/17/2018	Document number: F18000004369	
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on file with the esigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	DAD	
	PLANTATION, FL 33324		202
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	
	Corporation Service Company		i u - ,
	1201 Hays Street		1. i α
		P.O. Box NOT acceptable	ي ن
	Tallahassee	FL 32301	မ်
The street addr	ess of its registered office and the	street address of the business office of its registe	ered agent,
		dopted by its board of directors or by an officer een notified in writing of the change.	
Mint	Bima	Misty Biard, Vice President	
Signag	ire of an officer or director	Printed or typed name and title	
I further agrée of my duties, at document is be corporation ha	to comply with the provisions of a ad Lam familiar with and accept t	ent and agree to act in this capacity. Il statutes relative to the proper and complete po he obligation of my position as registered agent, e in the registered office address. I hereby confi- hunge.	- Or. it this
By: 12	ace C. Kubly	10/22/2020 Date	
	enature of Registered Agent \ ehalf of an entity:	Dul	
	,		
	Asst. Vice President Typed or Printed Name		
	* * * FILIN	NG 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)