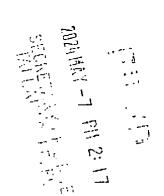
F1800000 5252

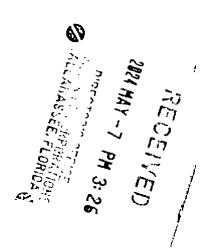
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Elikty Name)			
(Document Number)			
Contribut Conice Continues of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to 7 ming Officer.			

Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 428969 8446669 AUTHORIZATION COST LIMIT ORDER DATE: April 22, 2024 ORDER TIME : 1:29 PM ORDER NO. : 428969-005 CUSTOMER NO: 8446669 CHANGE OF AGENT NAME: C.E.M. MAINTENANCE, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	on organized under the laws of the State of UT or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: C.E.M. MAINTE	NANCE, INC.	
		ASHINGTON STREET SALT LAKE CITY, UT 84115	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/16/20	Document number: F18000005252	
	I street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	
	REGISTERED AGENT SOLU	ITIONS, INC.	
	2894 REMINGTON GREEN LANE SUITE A		
	TALLAHASSEE	FL 32308	
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	
	Corporation Service Company	<u>'</u>	
	1201 Hays Street		
	T. W. L	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent.	
Such change wa	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Xie	2 Coni	JILL CILMI, VICE PRESIDENT	
/ \ ` ·	e of an officer of director	Printed or typed name and title	
I f urthe r agree i of my duties, an document is bei corporation has	to comply with the provisions ϕ	agent and agree to act in this capacity. fall statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.	
By: Mar	· rokubi.	5/6/2024	
_	half of an entity:	Date	
-	·		
	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)