(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.				

Office Use Only



600375541486

RA RO Ch8

DEC 0 7 2021

I ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 278598 8328165

AUTHORIZATION : Sprelle me

ORDER DATE : December 2, 2021

ORDER TIME : 10:03 AM

ORDER NO. : 278598-005

CUSTOMER NO: 8328165

CHANGE OF AGENT

COST LIMIT :

NAME: SPECIALIZED ENGINEERING

SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation orga	02, 607.1308, or 617.1308, Florida Statutes, nized under the laws of the State of <mark>Nebras</mark> tered agent, or both, in the State of Florida.	
1. The name of	the corporation: SPECIALIZED ENGINE	EERING SOLUTIONS, INC.	
	office address: 10360 ELLISON CIRCL		
	address (if different):		
_	poration/qualification: 02/27/2019		
5. The name and		agent and registered office on file with the	
	CSC		72
	3458 LAKESHORE DR		2021 Fr. 7.
	Tallahassee	FL 32312	٠
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	,
	Corporation Service Company		20
	1201 Hays Street		
		ox NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the stree I be identical.	t address of the business office of its regist	ered agent.
	_	ed by its board of directors or by an officer of the change.	so
/s/ Tracy Hauser		Tracy Hauser, Principal	
	are of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei corporation has	the appointment as registered agent at to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in to s been notified in writing of this change n Service Company	tutes relative to the proper and complete p ligation of my position as registered agent, he registered office address. I hereby confi	erformance Or, if this rm that the
Βυ: Σ λας	res Tokubio	December 6th, 2021	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
-	Asst. Vice President		
Т	yped or Printed Name * * * F11 ING F	DE. 625 00 * * *	
	^ ^ ^ PII INC. P	r.r.: 5.35.00 ° ° °	

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314