(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



100434691041

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 8462490 AUTHORIZATION COST LIMIT : \$\35.0\ ORDER DATE: October 21, 2024 ORDER TIME : 11:12 AM ORDER NO. : 712715-012 CUSTOMER NO: 8462490 CHANGE OF AGENT NAME: P. W. CAMPBELL CONTRACTING COMPANY 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

statement of cha in order	nge is submitted for a corporation to change its registered office of	617,0302, 607,1308, or 617,1308, on organized under the laws of the or registered agent, or both, in the .	State of PA	
1. The name of t	he corporation: P.W. CAMPBE	LL CONTRACTING COMPANY		
2. The principal		<u> </u>		
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: F190000	Document number:	F19000003229	
5. The name and		istered agent and registered office (		
	C T CORPORATION SYSTEM	M		
	1200 SOUTH PINE ISLAND F	ROAD		
	PLANTATION	FL 33324		
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered of the CT 24 CCT 24 CCT 25 CCT 2		stered of FOR LLAND	
		<u> </u>		
	1201 Hays Street  PO Box NOT acceptable			
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the identical.	he street address of the business of	flice of the registered agent.	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors been notified in writing of the ch	or by an officer so ange.	
/S/ Carlin Campbell		Carlin Campbell,	Carlin Campbell, CEO	
Signature of an officer or director		Printed or typed	name and title	
l further agree t of my duties, an document is bei corporation has	o cominly with the provisions of	agent and agree to act in this cape of all statutes relative to the proper of the obligation of my position as in nge in the registered office addres of change.	e and complete performance	
By: Drae	e Cokubi	10/14/2024		
	nature of Registered Agent	Date	ė	
If signing on be	half of an entity:			
<del></del>	Asst. Vice President			
T	sped or Printed Name			
	* * * FIL	ANG FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314

712715

CR2E045 (04/13)