F200001825

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(City/State/Zip/Phone #)				
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c/ 9/23/2022

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195				
REFERENCE : 947889 8275936				
AUTHORIZATION: Spelle le man				
COST LIMIT : \$35.00				
ORDER DATE : September 12, 2022				
ORDER TIME : 9:0 AM				
ORDER NO. : 947889-004				
CUSTOMER NO: 8275936				
CHANGE OF AGENT				
NAME: PIPE TECHNOLOGIES INC.				
MANE. TITE ISOMOBOGIES 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	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of $\frac{\mathbb{L}}{}$ registered agent, or both, in the State of Fl	Delaware
1. The name of t	the corporation: PIPE TECHNOLO	OGIES INC.	
2. The principal	office address: 360 NW 27th Street	et 8th Floor	
	Miami, FL 33127		
3. The mailing a	iddress (if different):		
Document number: F20000001825			
	I street address of the current regist timent of State: (If resigned, enter re	ered agent and registered office on file with esigned)	h the
	INCORP SERVICES, INC.		
	17888 67TH COURT NORTH		2022 8
	LOXAHATCHEE	FL 33470	<i>(</i> 0)
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		P:
	Corporation Service Company		ယ္
	1201 Hays Street		2
	PO Box NOT acceptable		
	Tallahassee	FL 32301	
		street address of the business office of its	
Such change wa authorized by th	is authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an o een notified in writing of the change.	fficer so
Sean Childe Sean Childers (Sep 20, 20	<u>/ </u>	Sean Childers	Asst. Secretary
	re of an officer or director	Printed or typed name and title	2
I furthér agrée i of my duties, an document is bei corporation has	to comply with the provisions of a	ent and agree to act in this capacity, Il statutes relative to the proper and comp ie obligation of my position as registered in the registered office address, I hereby nange.	olete performance agent. Or, if this Confirm that the
Byllac	Le Cokubile	09/21/2022	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
T	oped or Printed Name		

* * * FILING FEE: \$35.00 * * *