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OBALISTICS OF COMMISSION OF CHAINS

2021 AUG 31 AM 9: 44.

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

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

ACCOUNT NO. : 12000000195					
REFERENCE : 981268 7157369					
AUTHORIZATION : Spulle le man					
COST LIMIT : \$35.00					
ORDER DATE : August 31, 2021					
ORDER TIME : 2:01 PM					
ORDER NO. : 981268-005					
CUSTOMER NO: 7157369					
CHANGE OF AGENT					
NAME: ROBINSON BROS. CONSTR., INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617. ange is submitted for a corporation or er to change its registered office or re	ganized under the la	ws of the State of	OREGON	
1. The name of	the corporation: ROBINSON BROS.	CONSTR., INC.			
2. The principal	office address: 6150 NE 137TH AVE	., VANCOUVER WA	98682		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 04/29/2021	Document	ոսmber։ <u>F21000</u>	002371	
	d street address of the current register rtment of State: (If resigned, enter res		ed office on file w	ith the	
	BUSINESS FILINGS INCORPOR	ATED		_	
	1200 SOUTH PINE ISLAND ROAD			_	
	PLANTATION	FL	33324	20	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Corporation Service Company			2021 MUS 31 AM 9: 45	
	1201 Hays Street			AM S SSEE	
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
The street addre as changed will	ess of its registered office and the str be identical.	eet address of the bu	siness office of i	ts registered agent,	
Such change wa authorized by the	as authorized by resolution duly ado to board, or the corporation has been of an office or director	Claudia G. San			
l further agree t of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in the been notified in writing of this char n Service Company	t and agree to act in, statutes relative to th obligation of my pos n the registered offic nge.	this capacity. e proper and con ition as registere e address, I herei	nplete performance d agent. Or, if this by confirm that the	
3y: ∑	race C-Kuble	08/30	0/2021		
~	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby, <i>i</i>	Asst. Vice President				
Typed or Printed Name					

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