Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE DESCON CONVEYOR SYSTEMS & CONSULTANTS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508. Florida Statutes, this organized under the laws of the State of Canada Ontario registered agent, or both, in the State of Florida.	
-	the corporation: Descon Conveyor S		
2. The principal	office address: 1-1274 RINGWELL	DRIVE NEWMARKET, ON L3Y-9C7 CA	
3. The mailing a	iddress (if different):		
4. Date of incorp	poration/qualification: 01/12/2022	Document number: F22000000292	
	d street address of the current regist tment of State: (If resigned, enter r	Document number: F22000000292 Facered agent and registered office on file with the resigned) sultants Inc.	
	Descon Conveyor Systems & Cons	sultants Inc.	
	3458 LAKESHORE DRIVE		
	TALLAHASSEE, FL 32312		
6. The name and (if changed):	f street address of the new registere	ed agent (if changed) and /or registered office	
	Corporate Creations Network Inc.		
	801 US Highway 1		
	P.O. Box NOT acceptable		
	North Palm Beach, FL 33408		
		street address of the business office of its registered agent, dopted by its board of directors or by an officer so een notified in writing of the change.	
1		Kristen Espinales, Attorney-in-Fact	
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this cl	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.	
1		4/11/2025	
, and a second	half of an entity:	Date	
	·		
	s, Special Secretary sped or Printed Name		

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