

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(•,	
		MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	itatus
Special Instructions to	Filing Officer:	

Office Use Only



THANK OF STATE

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CORPO	RATION	SERV	ICE	COMPANY
1201	Hays St	reet		
Tallh	assee,	FL	323(01
Phone	e: 850-5	58-1	500	

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ACCOUNT NO.	:	12000000195
REFERENCE	:	831779 8416005
AUTHORIZATION	:	Sprekelenan
COST LIMIT	:	

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- ORDER DATE : June 22, 2023
- ORDER TIME : 10:34 AM
- ORDER NO. : 831779-015
- CUSTOMER NO: 8416005

CHANGE OF AGENT

NAME: FR UTILITY SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

1. The name of the corporation: FR UTILITY SERVICES, INC.

2. The principal office address: 1688 W HIBISCUS BLVD, MELBOURNE, FL 32901

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/27/2022 Document number: F22000004123

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	PISCIOTTO, JR., ANDREW P		_	207	
6. The name and (if changed):	1688 W HIBISCUS BLVD			دی د :	• •
	MELBOURNE, FL 32901				4 4 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	street address of the new registered agent (if changed) and /or registered offi			PM 2:56	D
	Corporation Service Company		-1 -	6	
	1201 Hays Street				
	P.O. Box NOT acceptable		-		
	Tallahassee FL	32301	_		

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill Cilmi, Vice President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Consoration Service Company Βy

07/05/2023

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)