

F2300000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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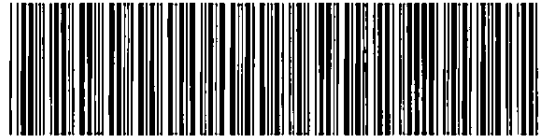
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please
contact Cheyanne at
850-202-1882

Date: 01/31/2025

Name: Ovidshel Occean Jr.

Reference #: 2634088

Entity Name: AUTOMATION AND CONTROL STRATEGIES GROUP, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

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Authorized Amount: \$35.00

Signature: *O. Occean Jr.*

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Washington in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AUTOMATION AND CONTROL STRATEGIES GROUP, INC.
2. The principal office address: 1005 W 8TH ST, Vancouver, WA 98660
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/21/2022 Document number: F23000000012
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)

CT Corporation System

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cogency Global Inc.

115 North Calhoun Street, Suite 4

P.O. Box NOT acceptable

Tallahassee, Florida 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.

/s/ Sara Summers

Signature of an officer or director

Sara Summers, 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.

/s/ Tim Mayville

Signature of Registered Agent

1/29/2025

Date

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary

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)

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TALLAHASSEE, FLORIDA

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