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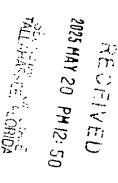
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Da	Date: 05/20/2025	
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Name:	NuVision Engineering, Inc.	
Document #:		
Order #:	16317070	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 43.75 Thank you!	

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

Pursuant to the p statement of char in order		for a corport	ation organize	ed under the	laws of the Sta	ate of <u>PA</u>		
1. The name of the	ne cornoration:	NUVISION E	NGINEERING	G, INC.				
2. The principal of PITTSBURGH, I	office address:		STREET, SUI	TE 700				
3. The mailing a								
4. Date of incorp	oration/qualific	ation:06/01	/2023	Docume	ent number: F2	23000003451		
5. The name and Florida Depart	street address (tment of State:	of the current (If resigned, e	registered age nter resigned)	nt and regis	tered office on	file with the		
	FRANKLE, M	CHAEL						
	1945 SW YOR	1945 SW YORK LANE						
	PALM CITY, FL 34990						76	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office C T Corporation System 1200 South Pine Island Road P O. Box NOT acceptable							
	C T Corporati	on System						
	1200 South Pine Island Road							
	P.O. Box NOT acceptable Plantation, Florida 33324						9	
The street address changed will	ess of its registe be identical.	ered office an	d the street ac	ddress of th	e business offi	ice of its regi	stered agent,	
Such change wa authorized by th	is authorized b	y resolution of corporation	luly adopted l has been noti	oy its board fied in writi	of directors ong of the char	r by an office age.	er so	
Onles	Salvad	. .		Julio Salva	dor, Corporate S			
I hereby accept I further agree I further agree of my duties, an document is bei	to comply with nd I am familia ing filed merely	the provision r with and ac r to reflect a c	is of all statu cept the oblig change in the			rity. and complete	performance nt. Or, if this nfirm that the	
C T Corporation	System	ma		5/19/2025				
Sig	nature of Registered	Agent			Date			
If signing on be	chalf of an enti	y:						
Stephanie Henez, A.	ssistant Secretary yped or Printed Nar	ne						

* * * 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)

By: