## F9300005837

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of _	Delaware	
1. The name of	the corporation: VOLT MANAGEMENT office address: 2400 Meadowbrook Par	CORP.		
2. The principal	office address: 2400 Meadowblook Fall	inway, Buldin, OA 30030	<del>-</del>	
3. The mailing a	address (if different):	-		
4. Date of incorp	poration/qualification; 12/23/1993	Document number: F930000	05837	
	d street address of the current registered a rtment of State: (If resigned, enter resigned)			
	C T Corporation System		<b>925 €</b>	
	1200 South Pine Island Road		2025 JAN -2 2025 JAN -2 SECRETARY	
	Plantation	FL 33324	· i ~ 17	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered off	~ <i>∨</i> > <u>−</u>	
	Corporation Service Company			
	1201 Hays Street			
		NOT acceptable	,	
	Tallahassee	FL 32301	,	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	s registered agent.	
Such change wa authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an optified in writing of the change.	officer so	
/s/ And	e Frieden Andre Frieden, Secretary			
- C	ire of an officer or director	Printed or typed name and tit	le	
I further agree of my duties, an document is bel corporation has	the appointment as registered agent ar to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change n Service Company	tutes relative to the proper and com ligation of my position as registered of registered office address, I hereb	l agent. Or, if this	
Ву: Се	in led	12/31/2024		
	mature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
	, Asst. Vice President			
T	yped or Printed Name			
	* * * FILING FI	EE: \$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)