## F94000000511

(	Requestor's Name)	
(	Address)	
	Address)	
·	,	
(1	City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(	Business Entity Name)	
		(
	Document Number)	· · · · · · · · · · · · · · · · · · ·
,	B odd more warm box ,	
Certified Copies	Certificates of S	Status
Special Instructions to F	filing Officer:	

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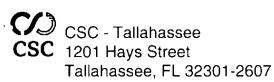


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RAFRO Chanse

2024 HAR -5 AM 11: 04

A. RAMSEY MAR 4.2024 RECEIVED &



850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext:

Date: 03/05/24 Order #: 1440156-1

Re: Pivotal Utility Holdings, Inc. Processing Method: In-House

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.0:120000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Pivotal Utility Holdings, Inc. Name of Corporation	<del></del>
DOCUMENT NUMBER: F94000000511	<del> </del>
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
James F. Moriarty	
Name of Contact Person	
Chesapeake Utilities Corporation	
Firm/Company	
500 Energy Lane	
Address	
Dover, DE 19901	
City/State and Zip Code	
mgaltman@chpk.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
James F. Moriarty	31 ( 302 ) 734-6799
Name of Contact Person	at ( 302 ) 734-6799  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 6 mge is submitted for a c er to change its registere	corporation organiz	ed under the law	vs of the State o	New Jersey
1. The name of t	the corporation: Pivotal	Utility Holdings, Inc	C.		
	office address: 500 Ene				
		_			<del></del>
	nddress (if different):				
4. Date of incorp	poration/qualification: <u>F</u>	ebruary 2, 1994	Document r	number: <u>F9400</u>	0000511
	d street address of the curtiment of State: (If resig			d office on file	with the
	David M. Lee				
	700 Universe Blvd (L	AW/JB)			202
	Juno Beach		FL	33408	2024 HAR
6. The name and (if changed):	d street address of the no	C C	(if changed) and	I /or registered o	
	Corporation Service (	Jompany			- : · · · ·
	1201 Hays Street				<u> </u>
	Tallahasasa	P.O. Box	NOT acceptable	00004	
	Tallahassee		FL_	32301	<u> </u>
The street address changed will	ess of its registered offi be identical.	ce and the street a	ddress of the bu	siness office of	its registered agent.
Such change wa authorized by th	as authorized by resolu ne board, or the corpora	tion duly adopted l ition has been noti	by its board of d fied in writing o	lirectors or by a of the change.	ın officer so
- A	Officials.	i	James F. Moriart	y, Executive VP.	, General Counsel, olicy and Risk Officer
_	re of an officer of director			ed or typed name and	
Corporation	the appointment as resto comply with the provided I am familiar with an ing filed merely to refles been notified in writing Service Company	pistered agent and visions of all statut ad accept the oblig ct a change in the ag of this change.	agree to act in t es relative to th ation of mv post registered office	this capacity, e proper and co ition as register e address, I her	omplete performance red agent. Or, if this reby confirm that the
By:	nature of Registered Agent_			Date	
	half of an entity:	-			
	yped or Printed Name	<u>-</u>			

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