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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 412419 8367055

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 18, 2022

ORDER TIME : 10:17 AM

ORDER NO. : 412419-010

CUSTOMER NO: 8367055

CHANGE OF AGENT

NAME: INTEGRATED DEVELOPMENT &

MANUFACTURING COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607,0502, 617,050 nge is submitted for a corporation orgai v to change its registered office or regist	iized under the law.	s of the State of OHIO		
	he corporation: INTEGRATED DEVELO			_	
2. The principal	office address: GTON ST CHAGRIN FALLS, OH 4402			<u> </u>	
	ddress (if different):				
4. Date of incorp	oration qualification: 03/22/1999	Document m	umber: <u>F99000001506</u>		
5. The name and Florida Depar	street address of the current registered a timent of State: (If resigned, enter resigne	igent and registered ad)	office on file with the		
	CORPORATION SERVICE COMPAN	IY		اً ا	
	1201 HAYS STREET			1	
	TALLAHASSEE	FL	32301		
6. The name and (if changed):	street address of the new registered age	nt (if changed) and	or registered office		
	BRUNO. PAUL				
	619 N. BAYLEN ST				
PO Box NOT acceptable					
	PENSACOLA	FL	32501		
The street address changed will	ss of its registered office and the street be identical.	address of the bus	iness office of its registered age	nt,	
Such change wa	is authorized by resolution duly adopto to board, or the corporation has been no	d by its board of di niffed in writing of	rectors or by an officer so I the change.		
Signatu	Euran efficer of affective	Jill Cilmi, Vice Pi	resident dan typed manic and title		
carnoration has	the appointment as registered agent as o comply with the provisions of all stat d I am familiar with and accept the obi ng filed merely to reflect a change in the been notified in writing of this change	id agree to act in the intes relative to the ligation of my positive registered office	his capacity proper and complete performa- tion as registered agent. Or, if a address, I hereby confirm that	nce this the	
Bruno, Pau By:	it tire of Registered Agent		1/27/2022	_	
It signing on be	half of an entity:				
	sped or Painted Name				
	* * * FILING FI	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO, DIVISION OF CORPORATIONS, P.O. BON 6327, TAET AHASSUF, FL 32314 CR2E645 (04.13)