F9900002589

·	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL		
	(Business Entity Name)	<u> </u>		
(Document Number)				
Certified Copies	Certificates of S	Status		
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Y SULKER NOV 15 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

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ACCOUNT NO. : 12000000195	
REFERENCE : 220087 8107	301
AUTHORIZATION :	ر و
COST LIMIT : \$ 35 00	
ORDER DATE: November 11, 2021	· -
ORDER TIME : 1:41 PM	
ORDER NO. : 220087-005	
CUSTOMER NO: 8107301	
	·
CHANGE OF AGENT	
NAME. EVEROMANI INC	
NAME: EXPROMAN, INC.	
DIFACE DETUDN THE EQUICATION AC DROOP OF BILING	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Alexxis Weiland	
EXAMINER'S INITIALS:	

.

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EKPROMAN, TNC. Name of Corporation	
DOCUMENT NUMBER: <u>F9900000 2589</u>	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
D. Alan Moore Name of Contact Person EXXCEL Project Management, LCC Firm/Company 328 Civic Center Drive	
328 Civic Center Drive	
Address Chio 43215-5087	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
D Alan Nhare 01/6/4 4/10-1925	
D. Alan Nore at (614) 460-1925 Name of Contact Person at (614) 460-1925 Area Code & Daytime Telephone	Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida 3 on organized under the laws of the State of _ or registered agent, or both, in the State of F	Ohio	
I. The name of t	the corporation: EXPROMAN, INC	C.		
2. The principal	office address: 328 Civic Center	Drive Columbus, OH 43215		
3. The mailing a	ddress (if different):			
4. Date of incorp	rate of incorporation/qualification: 05/20/1999 Document number: F99000002589			
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file wi	th the	
	Registered Agent Solutions, In	C	32	
	155 Office Plaza Dr. Suite A			
	Tallahassee, FL 32301		治元	
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered off	ice STATE	
	Corporation Service Company			
	1201 Hays Street		_	
	-	P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of its	s registered agent,	
Such change wa	s authorized by resolution duly a board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so	
Mu	More e of an officer or director	D. Alan Moare	Secretary	
l further agree t of my duties, and document is beil corporation has	the appointment as registered as o comply with the provisions of a lam familiar with and accept to filed merely to reflect a chang been notified in writing of this case.	gent and agree to act in this capacity. all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb change.	plete performance lagent. Or, if this y confirm that the	
By: (llîxmi	William assistant via projectivit	11/12/2021	_ 	
	nalf of an entity:	Date		
Alexxis Weila	and			
Ту	ped 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)