## L16000128543

(Req	ruestor's Name)	
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(City	/State/Zip/Phone	e #)
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To: Department Of State, Division Of Corporations

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

Ext: x61563 Date: 10/06/25

Order #: 4496260-29

Re: CRAFT AND TECHNICAL SOLUTIONS, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

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.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: CRAFT AND	TECHNIC	CAI	AL SOLUTIONS, LLC		
2. (a)			(h)	·)		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0,	Mailing address of limited   (Note: MAY BE POST)	liability company	y:
	30500 State Hwy 181, Suite 128			30500 State Hwy 181, Suite 128	3	
	Spanish Fort, AL 36627			Spanish Fort, AL 36627		
	07/07/2016		l	L16000128543		
3.	Date of filing/registration in Florida	4.	-	Document number		
5 (0)						
5. (a)	Registered Agent and Registered Office shown on the records	of the Flor	ida	Dept. of State:		
	C T CORPORATION SYSTEM					
	Registered Office Address (MUST BE FLORIDA STREE	<u>TADDRE</u>	<u>(SS)</u>	2		
	1200 SOUTH PINE ISLAND ROAD				<b>202</b>	
	PLANTATION	33324	1	صير مصر	2025 OCT	-17
(b)	Enter name of NEW Registered Agent and/or NEW Register  Corporation Service Company			dress:	-6 MII: 58	LEU
	NEW Registered Office Address:				नेता 🗴	
	1201 Hays Street					
	Tallahassee I	FL_32301	1			
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registe liability of s of the li	ere cor imi	ed office and the business office of mpany, it is hereby confirmed that ited liability company or as other	f the registere it the change(	ed s)
	/S/ Robert McPherson III	R	obe	ert McPherson III, Authorized Sig	ner	
Sign	ature of a member or authorized representative of a member	_		Printed or typed name of	signee	
provis the ob to mer	eby accept the appointment as registered agent and a cions of all statutes relative to the proper and complet digations of my position as registered agent as provid rely reflect a change in the registered office address, ad in writing of this change.	gree to a le perfort led for in I hereby	ict i mai coi	in this capacity. I further agree t ince of my duties, and I am famili hapter 605, F.S. Or, if this documents infirm that the limited liability com	o comply with ar with and a ment is being mpany has be	h the ccept filed en
$\mathcal{T}$	nnc. T-Kubl ure of Registered Agent					
_	e E. Kirby, Asst. Vice President					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 COA-540239 FILING FEE: \$25.00