## L19207

(Re	equestor's Name)
(Ad	idress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u> </u>	Office Use Only



## RAEROCHUNSE





A. RAMSEY AUG 21.2024

COGENCYGLOBAL*	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 <b>P: 866.625.0838</b> <b>F: 866.625.0839</b> COGENCYGLOBAL.COM
	Account#: I2000000088 If there are any issues please contact Patrice at 850-202-9071
Date:08/19/2024	
Name: Patrice Rush	
Reference #: 2464103	
Entity Name: POV	/ER DESIGN, INC.
<ul> <li>Articles of Incorporation/Authoriz</li> <li>Amendment</li> <li>Change of Agent</li> <li>Reinstatement</li> <li>Conversion</li> <li>Merger</li> <li>Dissolution/Withdrawal</li> <li>Fictitious Name</li> <li>Other</li> </ul>	
Authorized Amount: \$35.00	
() $M$	
Signature:	

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND 3 WALES.
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
444 (UNID 3961 3960 +44 (0)20.3961.3080

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

1. The name of the	he corporation:	POWER DESIGN, INC.			
2. The principal of	office address:		no change	<u></u>	
3. The mailing ac	dress (if different):	no change			
			Document number:	L19207	
	street address of the cur ment of State: (If resign		ent and registered office on fi )	le with the	
		REDDEN, DA	VID H		
		11600 NINTH	ISTN	203	
	S	T. PETERSBURG	6, FL 33716	2024 AUG 20	
6. The name and (if changed):	street address of the new	w registered agent	(if changed) and /or registere		
		Cogency Glob	pal Inc.	AHIII	۲.)
	115	5 North Calhoun S	Street, Suite 4	E.	
		P.O. Box M	NOT acceptable		
		Tallahassee, Flori	ida 32301		

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ David Redden Signature of an officer or director David Redden, Vice President Printed or typed name and title

8/14/2024

Date

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent

If signing on behalf of an entity:

Michael Carlisle, Assistant Secretary

Typed 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)