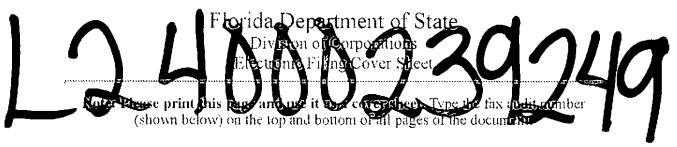
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

documents@incorp.com

Email Address:

LLC REGISTERED AGENT CHANGE CHC INFRASTRUCTURE, LLC

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M. SOLOMON

JUN - 4 2024

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-, COVER LETTER

TO:	Registration Section Division of Corporations			, ·			•
	CHC	INFR	ASTRU	CTURE, LLC			
SUBJ		c of L	invited L	ability Company			
Dear S	iir or Madam:						
The er	iclosed Registered Agent/Registered Offic	ce Cha	inge and	fee(s) are submitted for filing.			
	return all correspondence concerning this		_	•			
	Patricia Reyes						
	Name of Person						
	InCorp Services, Inc.						
	Firm/Company				7 <u>~</u>	2	
	9107 West Russell Road Suite	100				2024 JUH -4	=~, .,,
	Address	••••			14.55 14.75 14.75	UH. ⊦	<u>.</u>
	Las Vegas, NV 89148-1233	}			#K 100 100 100 100 100 100 100 100 100 10		<u> </u>
	City/State and Zip Code			••••	1351 1318	PM 4: 06	
	documents@incorp.com				1277)	6	
Ī	E-mail address: (to be used for future annu	ial rep	ort notifi	cation)			
For fu	ther information concerning this matter, p	please	call:				
Patric	ia Reyes for InCorp Services, Inc.	01	800	246-2677 ext. 6806			
	Name of Person	<u></u> аі		Area Code & Daytime Telephone N	Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10		
	Enclosed is a check for the following	amotit	at:				
	S25 Filing Fee		□ S5	5 Filing Fee & Certified Copy			

H240001962823

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.

Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) MIAMI, FL 33186 MIAMI, FL 33186 MIAMI, FL 33186 Date of filing/registration in Florida ZANARDI, MARK Registered Agent and Registered Office shown on the records of the Florida Dept. of State 13131 SW 132ND STREET Registered Office Address AUST BE FLORIDA STREET ADDRESS STE 102 MIAMI FL 33186 Mailing address of imited liability company. (Note: MAY BE POST OFFICE BOX) MIAMI STE 102 MIAMI Automatical liability company. (Note: MAY BE POST OFFICE BOX) MIAMI STE 13186	a) .	13131 SW 132ND STREET STE 102		(h) 13131	SW 132ND STREE	T STE 102
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Date of filing/registration in Florida 4. Document number ZANARDI, MARK Registered Agent and Registered Office shown on the records of the Florida Dept. of State 13131 SW 132ND STREET Registered Office Address (AUST BE FLORIDA STREET ADDRESS) STE 102 MIAMI FL 33186 b) InCorp Services, Inc. Einter name of NEW Registered Agent and/or NEW Registered Office address 3458 Lakeshore Drive NEW Registered Office Address Tallahassee FL 32312		MIAMI, FL 33186	······································	MIAMI	, FL 33186	
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NEW Registered Office Address Tallahassee FL 32312						⊕G 80
Tallahassee FL 32312						
F1.a		NEW Registered Office Address				
		Taliahassee	E1	32312		
	e li			the State of	Florida, it is hereby	confirmed that after
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were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided us inticles of organization or the operating agreement of the limited liability company.	1	$\mathcal{M}_{\mathcal{A}}$				
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