(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					
	J. HORNE AFR 10 2025				

Office Use Only



700447433947

2025 APR 15 PH 12: 56 FILED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 04/	5/2025			
Name: Ovi	dshel Occean Jr.			
Reference #:	2636382			
	Name: PEC SOLUTIONS LLC			
Articles of	ncorporation/Authorization to Transact Business			
Amendmer	t			
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other	· · · · · · · · · · · · · · · · · · ·			
Authorized Amour	-			
Signature:	O. Buen Ju.			

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

If there are any issues please contact Cheyanne at 850-202-1882

Date:	04/15/2025			
Name:	Ovidshel Occean Jr	<u>. </u>		
Reference #	2636382			
Entity Name	ntity Name: PEC SOLUTIONS LLC			
	les of Incorporation/Authoriz			
Ame	ndment			
	nge of Agent			
Rein	statement			
☐ Conv	version			
☐ Merg	ger			
Disso	olution/Withdrawal			
☐ Fictit	ious Name			
Othe	r			
Authorized /				
Signature:	J. Quen Ju.			

F: 800.944.6607

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. Na	ame of the limited liability company: PEC SC	DLUTION	IS LLC
2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		Change
	March 21, 2002		M02000000735
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
J. (L)	Registered Agent and Registered Office shown on the records of	f the Florida Dept	, of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Tallahassee , FI	32301-25	<u></u>
(b)	COGENCY GLOBAL INC.		2025 AFR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	55 -
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
			•
	Tallahassee, FI	_L 32301	
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered iability compation of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ Ka	ari K. Crawley	Kari K. C	Crawley
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in the e performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
	mothy Mayville		
Signatu	re of Registered Agent		

Timothy Mayville, Assistant Secretary

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