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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE: 456957 8360133

AUTHORIZATION

COST LIMIT : \$ 25.00

\_\_\_\_\_\_

ORDER DATE: February 3, 2022

ORDER TIME : 1:43 PM

ORDER NO. : 456957-120

CUSTOMER NO: 8360133

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: GLACIER TECHNOLOGIES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

## 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.

Name of the limited liability company:  GLACIER TECHNOLOGIES LLC					
2	(a)	1826 North Loop 1604 West	(	(b) 7067 Old Madison Pike	
-	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 337C, Suite 350J		Suite 170	
		San Antonio, TX 78248	<del></del>	Huntsville, AL 35806	
		01/26/2012		M12000000507	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T Corporation System			
	<b>\-</b> /	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	rida Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET	ered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		Plantation , FI	33324	20022 FEB 18	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	address:	
		Corporation Service Company	<u>.                                    </u>		
		NEW Registered Office Address:			
		1201 Hays Street			
		Tailahassee, FL	32301	1	
chago ago wa	ange ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir	company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in	
_/	s/ Ji	ll Cilmi	Jil	lill Cilmi, Authorized Person	
	_	ure of a member or authorized representative of a member		Printed or typed name of signee	
pro the to no	nerel ovisi obli mere tified	ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I have been seen the change in the	perform d for in hereby c	nct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept to Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been tion Service Company	
Signature of Registered Agent  Ami M. Casper, Asst. Vice President					