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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 739300 8382190 AUTHORIZATION : COST LIMIT ORDER DATE: June 13, 2022 ORDER TIME : 10:37 AM ORDER NO. : 739300-042 CUSTOMER NO: 8382190 -----CHANGE OF AGENT NAME: PFEIFER STRUCTURES AMERICA LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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:	00106	CES	AMERICA	LLC				
2. (a)	1011 PEGAL ROW			1011 REC	GAL ROW				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b)					
	DALLAS, TX 75247	_		DALLAS,	TX 75247	,			
	05/19/2016			M16000004	1026				
 (a) 	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.	_	-	Document nu	mber			
J. (a)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	f the Flor	ida	Dept. of State	- ::				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	:SS		-				
	PLANTATION F	L_3332	4						
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>			ress:		SECRETAR TALLAR	2022 JUN 17	en ins	
	Corporation Service Company NEW Registered Office Address:				-	788 0 1		1 1 1	
	1201 Hays Street				-	OF STAT	PM 1: 07	Ö	
	Tallahassee F	L	1			ਜ	7		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registo iability of the l	ere cor imi	i office and npany, it is ted liability	I the business hereby confir company or	office of the	ie regi ie cha	stered nge(s)	
/8	/S/ Jill Cilmi Jill			Jill Cilmi, Authorized Person					
Signa	ture of a member or authorized representative of a member	_			Printed or typed	name of sign	ice		
provis the obi to mer notifie	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 din writing of this change.	ree to a e perfor ed for ir hereby	net i ma i Ci coi	n this capa nce of my d hapter 605, nfirm that ti	city. I further luties, and I an F.S. Or, if th he limited liab	agree to c n familiar is documen ility comp	omply with a nt is b any ha	with the nd accept eing filed ss been	

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