

M 16 00000 8802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

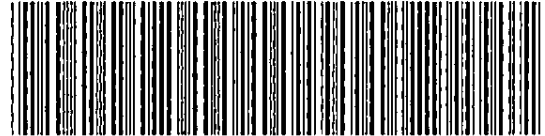
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600436269896

FILED

2025 JAN -8 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2025 JAN -8 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

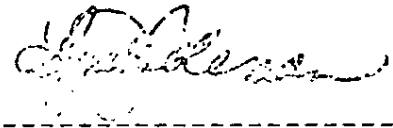
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 875563 8469965

AUTHORIZATION :

COST LIMIT : \$ 25.0



ORDER DATE : January 3, 2025

ORDER TIME : 11:23 AM

ORDER NO. : 875563-022

CUSTOMER NO: 8469965

CHANGE OF AGENT

NAME: SGI MATRIX, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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. Name of the limited liability company: SGI MATRIX, LLC

2. (a) 1047 Byers Road Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Miamisburg, OH 45342

3. 11/02/2016 Date of filing/registration in Florida 4. M16000008802 Document number

5. (a) Paracorp Incorporated  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
155 Office Plaza Drive, 1st Floor  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

FILED  
2025 JAN -8 AM 11:29  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Brad Wolfe Signature of a member or authorized representative of a member  
Brad Wolfe, Authorized Person Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent  
Corporation Service Company  
Ami M. Casper, Asst. Vice President