M170000066456

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RECEIVED 2022 FEB 18 PM 12: 05 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 456957 8360133

AUTHORIZATION

COST LIMIT : (\$\frac{25.00}{}\)

ORDER DATE: February 3, 2022

ORDER TIME : 1:42 PM

ORDER NO. : 456957-104

CUSTOMER NO: 8360133

CHANGE OF AGENT

NAME: GLACIER TECHNICAL SOLUTIONS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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.

1.	Na	ame of the limited liability company: GLACIER TEC	HNICAL	. SOLUTION	NS, ELC
2.	(a)	1200 Golden Key Circle, Suite 100	(7067 Ok	Madison Pike, Suite 170
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(., <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		El Paso, TX 79925	-	Huntsville	e, AL 35806
		07/31/2017		M1700000	6456
3.5.	(a)	Date of filing/registration in Florida C T Corporation System	4.		Document number
J. (\- /	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 South Pine Island Road			_ e:
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRES.	<u>s)</u>	2022 FEB
		Plantation , FL	33324		-
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company		ldress:	- 6:50 - 5:50
		NEW Registered Office Address:			_
		1201 Hays Street			_
		Tallahassee , FL	32301		· _
cha age was	nge nt w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the l	registere bility co f the lim	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/s.	/ Jil	l Cilmi	Jill	Cilmi, Auth	orized Person
Signature of a member or authorized representative of a member				Printed or typed name of signee	
I he pro the to n noti	ereb visio obli iere fied	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he in writing of this change.	performa for in C ereby ca	ance of my o Chapter 605 Onfirm that i	luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
		(ALIVIX EU			Company :. Vice President