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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE: 456957 8360133

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE: February 3, 2022

ORDER TIME : 1:48 PM

ORDER NO. : 456957-331

CUSTOMER NO: 8360133

CHANGE OF AGENT

NAME: SPECPRO MANAGEMENT SERVICES,

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.

1.	Na	me of the limited liability company: SPECPRO MA	NAGEMEN ⁻	T SERVICES, LLC
	(a)	1826 North Loop 1604 West, Suite 336	(b) _	7067 Old Madison Pike, Suite 170
2.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		San Antonio, TX 78248	 	luntsville, AL 35806
		01/04/2018	M1	1800000013 1
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
٠.	(4)	Registered Agent and Registered Office shown on the records of	f the Florida De	pt. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
				÷. 26
		Plantation , F	33324	20°2 FEB
				3 - 8
	(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	····
		place hade of the tracestored agent allow the tracestore	u Onice addre	- : · · ·
		Corporation Service Company		. 3
		NEW Registered Office Address:		
		1201 Hays Street		
		Tallahassee Fi	L	
cha age was	inge int w s/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of lability comp of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
		ll Cilmi	Jill Cilr	mi, Authorized Person
	_	ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to n	visio obli nere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to act in i performance d for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
not	ijiea			Service Company
Sig	រាជានព	e of Registered Agent	mi M. Casp	er, Asst. Vice President