M19000001534

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

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2024 NOV 12 PH 3: 22 2024 NOV 12 AH 11: 13

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 749284 5030276

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE: November 4, 2024

ORDER TIME : 11:27 AM

ORDER NO. : 749284-140

CUSTOMER NO: 5030276

CHANGE OF AGENT

NAME: IEA EQUIPMENT MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

-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.

2. (a)	6325 Digital Way	(b	6325 Digital Way	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability co (Note: MAY BE POST OFFICE)	
	Suite 460		Suite 460	
	Indianapolis, IN 46278		Indianapolis, IN 46278	
	02/12/2019		M19000001534	
3.	Date of filing/registration in Florida		Document number	
5. (a)				
.). (a)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	The Florida		
	Registered Office Address	ADDRESS,	TAL.	
	1200 SOUTH PINE ISLAND ROAD		NO.	<u> </u>
	PLANTATION	33324	ASSE	FILE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office add	TALLAHASSEE, FLORIDA	3
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee F	<u>32301</u>		
change agent v was/wa	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members teles of organization or the operating agreement of the	e registere lability cor of the limi	ed office and the business office of the reg ompany, it is hereby confirmed that the cha nited liability company or as otherwise pro	istered inge(s)
	/S/ Alberto Ignacio de Cardenas	Albe	erto Ignacio de Cardenas, Secretary	
Cimon	ture of a member or authorized representative of a member		Printed or typed name of signee	
•		roo to cust	t in this capacity. I further agree to comply	e with the

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

• FILING FEE: \$25.00

749284