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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 456957 8360133

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AUTHORIZATION

COST LIMIT : \$\sqrt{5},00

ORDER DATE : February 3, 2022

ORDER TIME: 1:47 PM

ORDER NO. : 456957-289

CUSTOMER NO: 8360133

CHANGE OF AGENT

NAME: SES FACILITY SUPPORT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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: SES FACILITY	SUPP	DRT	LLC		
2. (i	a)	1006 Floyd Culter Court, Suite 12	ı	(b)			
(.	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)_	N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Oak Ridge, TN 37830	- -	_			
		09/03/2019		M	19000008	3721	
3.		Date of filing/registration in Florida	4.			Document number	
5. ((a)	C T Corporation System					
J. ((4)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 1200 South Pine Island Road				H	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
						20	
		Plantation	33324	ļ		2022 FEB	
		, FL					
a	b)						
`	-,	Enter name of NEW Registered Agent and/or NEW Registered	Office s	ddre	<u>55</u> ;	من <u>ئ</u>	
		Corporation Service Company					
		NEW Registered Office Address:				. ະ	
		1201 Hays Street					
		Tallahassee, FL	32301				
		, FL					
chan agen was/	ige it w	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li	red (comp mite	office and pany, it is d liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/s/ Jill Cilmi				Jill Cilmi, Authorized Person			
Signature of a member or authorized representative of a member				Printed or typed name of signee			
prov the c to m	isio bli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change	ee to ac perform I for in ereby	ct in nanc Cha confi	this capa te of my a pter 605, irm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
notij	iea	I'm writing of this change.	Corporation Service (Company	
Sign	atur	re of Registered Agent An	ni M.	Casp	per, Asst	. Vice President	