

(Requestor's Name)							
(1)							
(Address)							
(Address)							
, ,							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
							
(Document Number)							
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2023 CET 3 1 PM 3: 09



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 084532 8429361							
AUTHORIZATION: Squelle man							
COST LIMIT : \$ 25.00							
ORDER DATE : October 23, 2023							
ORDER TIME : 1:35 PM							
ORDER NO. : 084532-036							
CUSTOMER NO: 8429361							
CHANGE OF AGENT							
NAME: KUPPER ENGINEERING, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							
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. Na	ame of the limited liability company: KUPPER ENG	INFERIN	VG.	LLC	
2. (a)	300 BROOKSIDE AVENUE	((b) 300 BROOKSIDE AVENUE		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/		dress of limited liability company:
	BUILDING 14			BUILDING 14	
	AMBLER, PA 19002			AMBLER, PA 1900	02
	10/06/2020		ľ	M20000009052	
3.	Date of filing/registration in Florida	4.	_	Docume	nt number
5. (a)	CT CORPORATION SYSTEM				
51 (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Florid	la F	ëpt. of State:	-
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	Sį		
					707? (
	PLANTATION	33324			,)
	, r	l.,			(2) I
(b)					. .
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u>				: D
	Corporation Service Company				3: 09
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301			
Signal I herei provisi the obli	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cless of organization or the operating agreement of the sure of authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide thy reflect a change in the registered office address. If the writing of this change.	e register iability co of the lin e limited JILI	ed om nito liai L C	office and the busi pany, it is hereby of ed liability compan- polity company. CILMI, AUTHORIZE Printed or	iness office of the registered confirmed that the change(s) by or as otherwise provided in ED PERSON typed name of signee wither carree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00