(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 920426 8174656
AUTHORIZATION: Sould le rado
COST LIMIT : \$ 25.00
ORDER DATE : July 21, 2021
ORDER TIME : 2:17 PM
ORDER NO. : 920426-003
CUSTOMER NO: 8174656
CHANGE OF AGENT
NAME: FLEXASEAL ENGINEERED SEALS AND SYSTEMS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland

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: FLEXASEAL E	NGINEE	RED S	SEALS AND SYSTEMS, LLC
2. (a)	291 HURRICANE LN.	((b) 291	1 HURRICANE LN.
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WILLISTON, VT 05495		WIL	LISTON, VT 05495
	01/07/2021		M210	000000257
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	COGENCY GLOBAL INC.			
). (a)	Registered Agent and Registered Office shown on the records of	Tthe Florid	ia Dept.	of State:
	115 N. CALHOUN ST., STE. 4			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		SECRETARY	
	TALLAHASSEE FI	32301		TARY OF STATE
```	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office a	ddress:	SEE FLE
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee Fl	32301		
change agent v was/we he arti	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	red offi ompan nited li	ice and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in
	Jill Cilmi, Aut Signature of a member or authorized representative of a member		Authorized Person	
I herei provisi he obl o mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide rly reflect a change in the registered office address, I is I in writing of this change.	ree to ac perform d for in hereby c	t in thi iance o Chapte confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signatu Grace I	re of Registered Agent  E. Kirby, Asst. Vice President of Corporation Service Company			

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