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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Alexxis Weiland

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 379503 8367634 AUTHORIZATION : COST LIMIT ORDER DATE: January 14, 2022 ORDER TIME : 10:52 AM ORDER NO. : 379503-015 CUSTOMER NO: 8367634 CHANGE OF AGENT NAME: CLEARSPAN COMPONENTS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Sta eganized under the laws of the State of M. gistered agent, or both, in the State of Flo	<u> </u>	
	he corporation: CLEARSPAN COMP			
	office address: 6110 OLD HIGHWA			
3. The mailing a	ddress (if different): PO BOX 4195 M	MERIDIAN, MS 39304-4195		
	oration/qualification: 11/11/1984		202	
	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with igned)	SECRETARY OF ST	
	CT CORPORATION SYSTEM		1 0 C	
	1200 S. PINE ISLAND RD.		199 H 9	
	PLANTATION	FL 33324	平	
6. The name and (if changed):	Ç	agent (if changed) and /or registered offic	e	
	Corporation Service Company			
	1201 Hays Street			
	Tallahassee	Box NOT acceptable FL 32301		
The street addre as changed will	ss of its registered office and the str be identical.	reet address of the business office of its r	registered agent,	
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has beer	pted by its board of directors or by an of a notified in writing of the change.	ficer so	
Si.	P. Conie	Jill Cilmi	Vice President	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the	Printed or typed name and tule t and agree to act in this capacity, statutes relative to the proper and compt obligation of my position as registered of the registered office address, I hereby nge. 01/17/2022	lete performance igent. Or, if this confirm that the	
Sign	ature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
	Asst. Vice President			
•	•	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)