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D	ate:	08/18/2025	- will DW
		Acc#I20160000072	4. () = V
Name:	Royal Batte	ery Distributors, Inc.	
Document #:			
Order #:	16483862		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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By:

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of <mark>Flor</mark> registered agent, or both, in the State of Flor	ida		
·	the corporation: Royal Battery Distr				
		Fwy, Suite 600 South, Dallas, TX 75247-3838			
4. Date of incorp	poration/qualification: 03/12/2002	Document number: P020000273	00		
5. The name and Florida Depart	I street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with tresigned)	he		
	CORPORATION SERVICE COM	PANY	, ~ <u>2</u>		
	1201 HAYS STREET		DZS AL		
	TALLAHASSEE, FL 32301		6.18 9.19 9.19		
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	18 MII: 36		
	C T Corporation System		36		
	1200 South Pine Island Road				
	Plantation, Florida 33324	P.O Box NOT acceptable			
The street addr	ess of its registered office and the I be identical.	street address of the business office of its re	egistered agent,		
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an off seen notified in writing of the change.	ficer so		
	the lamberty are of an officer of director	Danielle Lambertz, Chief Financi Printed or typed name and title	al Officer		
- I further agree - of my duties, at - document is be	to comply with the provisions of and I am familiar with and accept a ing filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and compl the obligation of my position as registered a ge in the registered office address, I hereby o change.	ete performance gent. Or, if this confirm that the		
Katherin	e Schneider	8/15/2025			
Si	gnature of Registered Agent	Date			
If signing on b	ehalf of an entity:				
	ider, Asst. Secretary Typed or Printed Name	_			
	• •	NC FFF 835 00 * * *			

* * * FILING 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)