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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| - m - n - l | Address: | | | |
|-------------|-----------|--|--|--|
| LINGIL | MUUI C33. | | | |

REGISTERED AGENT CHANGE ONESOURCETEC, INC.

| Certificate of Status | 0 |
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FEB 1 1 2027

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statutes, a organized under the laws of the State of Florida registered agent, or both, in the State of Florida. | this | | |
|--|--|--|--|--|--|
| I. The name of t | the corporation: ONESOURCE | TEC, INC. | | | |
| 2. The principal | office address: 1198 HICKORY | / DR. LARGO, FL 33770 | | | |
| 3. The mailing a | ddress (if different): 734 GRAN | ID AVE STORY CITY, IA 50248 | | | |
| | poration/qualification: 12/17/09 | | 93 | | |
| 5. The name and | | stered agent and registered office on file with the | | | |
| | CHARLES TRAIN | | | | |
| 1198 HICKORY DR. | | | | | |
| | LARGO, FL 33770 | رب خات | 7077 I | | |
| 6. The name and (if changed): | _ | ed agent (if changed) and /or registered office | 2022 FEB 10 PM 12: | | |
| | Northwest Registered / | Agent LLC S | 유 호 | | |
| | 7901 4th St N STE 300 | | - A | | |
| | St. Petersburg FL 3370 | P.O. Box NOT acceptable | tu 💮 | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its registe | ered agent. | | |
| Such change wa authorized by th | as authorized by resolution duly a ne board, or the corporation has b | dopted by its board of directors or by an officer seen notified in writing of the change. | SO | | |
| JULIE Signatu | TRAIN re of an officer or director | JULIE TRAIN, DP | | | |
| l further agree i of my duties, an document is bei | the appointment as revistered as | gent and agree to act in this capacity. All statutes relative to the proper and complete po he obligation of my position as registered agent, we in the registered office address, I hereby confi | erformance Or, if this rm that the | | |
| Ton Glove_ | | 02/10/2022 | | | |
| Sig | nature of Registered Agent half of an entity: | Date | | | |
| Tom Glove | • | | | | |
| | yped or Printed Name | - | | | |

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

* * * FILING FEE: \$35.00 * * *