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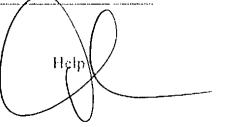
\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

| :1    | Address. |  |  |  |
|-------|----------|--|--|--|
| rmaı. |          |  |  |  |

## REGISTERED AGENT CHANGE RESOLVE SALVAGE & EMERGENCY RESPONSE, INC.

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$43.75

Electronic Filing Menu Corporate Filing Menu



To: •

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

|   |  | 502, 607,1508, or 617,1508, Florida Statutes, t<br>anized under the laws of the State of <mark>Florida</mark>  | his                                   |  |  |
|---|--|--|---------------------------------------|--|--|
|   |  | stered agent, or both, in the State of Florida.  |                                       |  |  |
| 1. The name of t  | the corporation: RESOLVE SALVAGE   | & EMERGENCY RESPONSE, INC.   |                                       |  |  |
| 2. The principal  | office address: 1510 SE 17th STREET, S   | STE 400, FORT LAUDERDALE, FL 33316   |                                       |  |  |
|   |  |  |                                       |  |  |
| 3. The mailing a  | ddress (if different):   |  |                                       |  |  |
| 4. Dateofincorp   | oration/qualification: 03/23/2011  | Document number: P11000028793  |                                       |  |  |
|   | I street address of the current registered timent of State: (If resigned, enter resign | agent and registered office on tile with the ned)  |                                       |  |  |
|   | ANDREA JANSZ   |  |                                       |  |  |
|   | 1510 SE 17 STREET, SUITE 400   |  | 2023 MAR 15                           |  |  |
|   | FORT LAUDERDALE, FL 33316  | ·  | AR I                                  |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |  |                                       |  |  |
|   | C T Corporation System   | •.   | 9: 24                                 |  |  |
|   | 1200 South Pine Island Road  |  | =                                     |  |  |
|   | P.O 1  | tox NOTacceptable  |                                       |  |  |
| Plantation, Florida 33324   |  |  |                                       |  |  |
| The street addre  | ess of its registered office and the street<br>be identical.                           | et address of the business office of its register  | ed agent.                             |  |  |
| Such change wa<br>authorized by th  | is authorized by resolution duly adopt<br>ne board, or the corporation has been r      | ed by its board of directors or by an officer so<br>notified in writing of the change.   | 1                                     |  |  |
| ,   | She William I  | JOE DAVIS, SECRETARY   |                                       |  |  |
| Signatu   | re of an officer or director   | Printed or typed name and fille  |                                       |  |  |
| corporation nas   | - пеен попунеа т менияд бу тых спату   | nd agree to act in this capacity,<br>atutes relative to the proper and complete per<br>digation of my position as registered agent. I<br>the registered office address, I hereby confirm<br>e. | Jormance<br>Or, if this<br>n that the |  |  |
| C T Corporation   | System   | 03/09/2023   |                                       |  |  |
| Sign  | nature of Registered Agent   | Date   |                                       |  |  |
| If signing on be  | half of an entity:   |  |                                       |  |  |
| SEAN L. EMER  | ICK, ASSISTANT SECRETARY   |  |                                       |  |  |
| T   | ped or Printed Name  |  |                                       |  |  |
|   | www.wightensezern  | THE GIR OF A W   |                                       |  |  |

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

By: