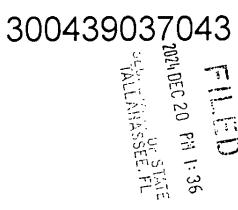
(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	<u>-</u>
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer.	

Office Use Only









115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:	12/19/2024	
	Cheyanne Davis	_
Reference #	2559492	_
Entity Name	TAW POWE	R SYSTEMS, INC.
☐ Articl	es of Incorporation/Authorization	to Transact Business
Amer	ndment	
✓ Chan	ige of Agent	
Reins	statement	
Conv	rersion	
☐ Merg	er	
☐ Disso	plution/Withdrawal	
☐ Fictiti	ous Name	
Othe	r	
Authorized A	Amount: \$35	
Signature: _	Oryma Paine	

+44 (0)20.3961.3080



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date	12/19/2024	
Name:_	Cheyanne Davis	
Referer	nce #: 2559492	_
	fame: TAW POWE	R SYSTEMS, INC.
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
V	Change of Agent	
□ F	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
□ F	Fictitious Name	
	Other	·
Authoria	zed Amount: \$35	···
Signatu	re: Chyma Paine	

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

statement of chan	ige is submitted for a c	corporation organ	2, 607.1308, or 617.1308, F1 ized under the laws of the Ste red agent, or both, in the Ste	ate of	Florida	
	ne corporation:		AW POWER SYSTEMS, IN			
	office address:	250 E	xecutive Center Drive, Suite	201		
2. The principal c	Tree dadress		Greenville, SC 29615			
3. The mailing ad	ldress (if different):	250 Executive	Center Drive, Suite 201, Gr	reenville, So	C 2961	5
4. Date of incorporation/qualification: 12/20/2011 Document number:			Document number:	P11000	107332	<u> </u>
	street address of the coment of State: (If resig		gent and registered office on d)	file with the	đ	
	COF	RPORATION SER	VICE COMPANY			
•		1201 HAY	'S ST	<u>.</u>	20.	
_		TALLAHASSEE	FL 32301	TAL.	2021, DEC 20	1
6. The name and street address of the (if changed):	street address of the n	ew registered ager Cogency Gle		A SSE		
-		15 North Calhoun		STAT	PH 1:36	الايدية الايدية
•			NOT acceptable	L.j		
-		Tallahassee, Fl	orida 32301			
The street addres as changed will be	ss of its registered off be identical.	ice and the street	address of the business offic	ce of its reg	istered	agent,
Such change was authorized by the	s authorized by resolu e board, or the corpor	ition duly adopted ation has been no	by its board of directors or tified in writing of the chan	by an offic ge.	er so	
	/s/ Wesley Paul		Wesley Paul, VP, Co	-	ntroller	
	of an officer or director		Printed or Typed nai			
I furthér agrée to of my duties, and document is bein	o comply with the pro H zm familiar with a	visions of all stat nd accept the obl vet a change in th	d agree to act in this capaci utes relative to the proper a igation of my position as reg e registered office address,	nd complete vistered ave	m (n.	. 11 DUS
/s/ Michael Carlisle		Nov. 21.	2024			
Sign	ature of Registered Agent		Date			-
If signing on beh	nalf of an entity:					
Michael Ca	arlisle, Assistant Secr	retary				
Tyl	ped or Printed Name					

* * * 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)