Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001229913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

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

Email:	Address.			

REGISTERED AGENT CHANGE FLORIDA DRILLING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	S35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

From: Keity Toon

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.				
	the corporation: FLORIDA DRILL					
		AD, WEST PALM BEACH, FL 33411				
3. The mailing a	address (if different):					
4. Dateofincorp	oration/qualification: 2/24/2014	Document number: P14000017427				
5. The name and		tered agent and registered office on file with the				
	RINGDAHL, NOAH D					
	7733 HOOPER ROAD					
	WEST PALM BEACH, FL 33411					
6. The name and (ifchanged):	d street address of the new register	ed agent (if changed) and /or registered office				
	C T Corporation System					
	1200 South Pine Island Road					
	P.O. Box NOT acceptable					
	Plantation, Florida 33324					
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered 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 so cen notified in writing of the change.				
Hong rest		Kathryn McBride, Secretary				
Signatu	re of an officer or director	Printed or typed name and title				
coromanon mu	S DEVN ROTHGEO DI ACFIIDO DI DUS C	ent and agree to act in this capacity. Ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.				
C T Corporation	System Africa Pressus	4/3/2024				
Sig	nature of Registered Agent	Date				
If signing on be	chalf of an entity:					
Natalie Pickens,	Assistant Secretary					
T	yped or Printed Name					
	* * * FILI	NG FEE: \$35.00 * * *				
М		FO FLORIDA DEPARTMENT OF STATE ONS. P.O. BOX 6327. TALLAHASSEE, FL 32314				

CR2E045 (04/13)

By: