

## P170000 81620

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

\*\* . . . . . .

statement of cha	nge is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Siganized under the laws of the State of $N$ gistered agent, or both, in the State of Fl	Massachusetts	
1. The name of t	he corporation: CORNERSTONE E	NERGY SERVICES, INC.		
2. The principal	office address: 172 Shrewsbury Stre	et, Worcester, MA 01604		
3. The mailing a	ddress (if different): 50 Forest Avenu	ue, Portland, ME 04101		
	poration/qualification: 10/10/2017	Document number: P1700008	81620	
	I street address of the current registere tment of State: (If resigned, enter resigned)	ed agent and registered office on file with gned)	h the	
	Registered Agents Inc.			
	7901 4th Street N, Suite 300		2024 DEC SECRETA	
	St. Petersburg	FL 33702	EC I	<u> </u>
6. The name and (if changed):	street address of the new registered a	FL 33702 agent (if changed) and /or registered office	RY OF S	
	Corporation Service Company		9: 0 STAI SFL	•
	1201 Hays Street		ri <b>5</b> 1	
	P.O. Box NOT acceptable			
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the strobe identical.	eet address of the business office of its	registered agent,	
Such change wa authorized by th	is authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an o	officer so	
/s/ Jennifer Cu	ummins	Jennifer Cummins, Vice President &	General Counsel	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ong filed merely to reflect a change in been notified in writing of this chan n Service Company	rand agree to act in this capacity, tatutes relative to the proper and compobligation of my position as registered at the registered office address, I hereby age.	olete performance	
By: Cli	, m Lei	12/19/2024		
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President pped 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) 812782