P18000078999

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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ENGINEERED EQUIPMENT CORPORATION Name of Corporation
DOCUMENT NUMBER: P18000078992
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jillian Weaver
Name of Contact Person
DC Capital Partners
Firm/Company
99 Canal Center Plaza STE 400
Address
Alexandria, VA 22314
City/State and Zip Code
jweaver@dccp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jillian Weaver at (202) 737-5220 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chai	ige is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of <u>F</u> registered agent, or both, in the State of Flo	lorida	this —	
1. The name of the	ne corporation: ENGINEERED EQ	UIPMENT CORPORATION			
2. The principal	office address: 515 North Flagler E	Drive Suite 1450 West Palm Beach, FL 33	401		—
3. The mailing a	ldress (if different): 751 Rahway A				
4. Date of incorp	oration/qualification: 09/18/2018	Document number: P1800007	78 9 92		
	street address of the current regist ment of State: (If resigned, enter r	ered agent and registered office on file with esigned)	ı the		
	Resigned		.] 50	20	
				2 AON 520	
		····		VOI	- .
			岩草	21	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered offic	OF STA	AM 8: 54	m O
	Corporation Service Company		흘栖	45	
	1201 Hays Street				
	-	P.O. Box NOT acceptable			
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the be identical.	street address of the business office of its	register	red ag	ent,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an o cen notified in writing of the change.	fficer s	o	
Dinie	28 Donier	Jillian Weaver	Vice F	reside	ent
Signatur	e of an officer or director	Printed or typed name and title			
I further agree to of my duties, and document is bein corporation has	the appointment as registered ago to comply with the provisions of a l I am familiar with and accept the ag filed merely to reflect a chango been notified in writing of this cl Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby hange.	rlete pe agent. : confiri	rforma Or, if m that	ance this the
ву: <i>4</i>	i	11/21/2024			
Sign	ature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
AMANDA MILI					
Ty	ped or Printed Name				
	* * * FILIN	NG 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)