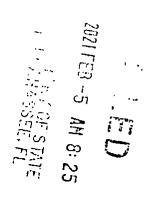
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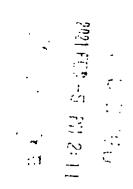
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE 1201 Hays Street Tallhassee, FL 3230 Phone: 850-558-1500		

i	ACCOUNT NO.	: 1200000001	.95
	REFERENCE	: 645982	4731030
AU	THORIZATION	Spulle n	ran
	COST LIMIT	: \(\s_{35.00} \)	
ORDER DATE : Febru	uary 2, 2021		
ORDER TIME : 9:41	L AM		
ORDER NO. : 64598	32-175		
CUSTOMER NO: 4	731030		
	CHANGE OF AG	<u>SENT</u>	· • • • • • • • • • • • • • • • • • • •
NAME: UI	NIVERSAL ENSC	CO, INC.	
PLEASE RETURN THE F	COPY	PROOF OF FILI	NG:
CONTACT PERSON: Al	exxis Weilar	ıd	
	EXA	MINER'S INITI	ALS:

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of I	Texas	this	
1. The name of	the corporation: Universal Ensco, I	Inc.			
	office address: 4848 Loop Central				-
3. The mailing a	ddress (if different):			·	•
4. Date of incorp	poration/qualification: 03/23/1982	Document number: P18661			_
	street address of the current regist trnent of State: (If resigned, enter r	ered agent and registered office on file w			_
	CT Corporation System				
	1200 S. Pine Island Road		-		
	Plantation, FL 33324		-		
6. The name and (if changed):		d agent (if changed) and /or registered of	- fice		
	Corporation Service Company		-	20	
	1201 Hays Street		_	21 F	
	Tallahassee	P.O. Box NOT acceptable FL 32301	ا داران شارنده داران مدارات	G Jr	
The street addre	ss of its registered office and the s be identical.	street address of the business office of it	s registe	1) } } ; ; ; ; ;
Such change was authorized by th	is authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer s	ະ ຂະ ເຂົ	الحسب
	mo	TC Cheong		Ų.	
I hereby accept I further agree t of my duties, an document is beil corporation has		ent and agree to act in this capacity. Il statutes relative to the proper and contended to the registered office address, I herelange.		erformance Or, if this on that the	e s
Ву:	Service Company	02/05/2021	<u> </u>		
If signing on bel	half of an entity:				
ту	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)