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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: March 3, 2022

ORDER TIME : 2:11 PM

ORDER NO. : 525843-005

CUSTOMER NO: 8371977

CHANGE OF AGENT

NAME:

BRISTOL FACILITIES COMPANY,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

| - | rovisions of sections 607.0502, 617.050 age is submitted for a corporation organ | | | | |
|---|--|---|------------------------------------|--|--|
| • | to change its registered office or regist | | • | | |
| 1. The name of the | ne corporation: BRISTOL FACILITIES C | COMPANY, INC. | | | |
| 2. The principal of | office address: 11300 4TH STREET NO | RTH, STE. 140 ST | PETERSBURG, | FL 33716 | |
| | | | | | |
| 3. The mailing ac | ddress (if different): | | | | |
| 4. Date of incorp | oration/qualification: 04/03/2020 | Document nu | mber: P2000002 | 8190 | |
| | street address of the current registered at timent of State: (If resigned, enter resigned | | office on file with | the | |
| | INCORP SERVICES, INC. | | | . ~ | |
| | 17888 67TH COURT NORTH | | | N2 H | |
| | LOXAHATCHEE | FL | 33470 | | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered age | | | | |
| | Corporation Service Company | _ | | PA 05 | |
| | 1201 Hays Street | | | | |
| | P.O. Box NOT acceptable | | | | |
| | Tallahassee | FL | 32301 | | |
| The street addre as changed will | ss of its registered office and the street be identical. | address of the busi | ness office of its r | egistered agent, | |
| Such change wa authorized by th | s authorized by resolution duly adopte e board, or the corporation has been no | d by its board of dip otified in writing of | rectors or by an of the change. | ficer so | |
| Signatur | da Vanelia e ot an officer or director | | HAMINO OF TYPES RANGE END LILLE | CFO | |
| I hereby accept to further agree to of my duties, and document is being corporation has | the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change in Segvice Company | nd agree to act in the utes relative to the ligation of my positi ie registered office | is capacity | lete performance agent. Or, if this confirm that the | |
| By: Liver | Yet hi | 03/03/2022 | | | |
| | nature of Registered Agent | | Date | | |
| If signing on bel | half of an entity: | | | | |
| | IY, ASST. VICE PRESIDENT | | | | |

* * * FILING FEE: \$35.00 * * *