P2000036022

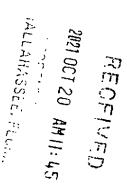
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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Date: October 20, 2021	Account#: I200
Name: KEN HOWELL	<u>-</u>
Reference #: 150111	<u>11</u>
Entity Name: FLOR	RIDA UTILITY SYSTEMS, INC.
Articles of Incorporation/Aut	uthorization to Transact Business
Amendment	
✓ Change of Agent	icciires CAI
Reinstatement	ISSUES? CAI KEN:
Conversion	518-213-0738
Merger Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount:	\$35-
Authorized Amount: Signature:	\$35-

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or register	zed under the laws of the Ste	ate of Florida	
1. The name of t	he corporation: FLORID	A UTILITY SYST	EMS, INC.	
	office address: No Change			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: May 12, 202	20 Document number:	P20000036022	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		file with the	
	CORPORATION SER	VICE COMPANY		
1201 HAYS STREET				
TALLAHASSEE, FL 32301				
6. The name and (if changed):	I street address of the new registered agent		red office	
	115 North Calhoun St., P.O. Box NOT a Tallahassee, FL 3230	acceptable	RY CEE, FI	
The street addre	ess of its registered office and the street a be identical.	ddress of the business offic	e of its registered agent.	
Such change wa	s authorized by resolution duly adopted le board, or the corporation has been noti	by its board of directors or fied in writing of the chang	by an officer so e.	
/s/ Joseph Park		Joseph Park	Secretary	
I hereby accept I further agree i performance of agent. Or, if the	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in	agree to act in this capacit tes relative to the proper an cept the obligation of my pe ct a change in the registere	ly. Id complete osition as registered	
/s/ Tim Mayville 10/20/2021				
_	half of an antitue	Date		
II signing on be	half of an entity:			

Tim Mayville, Assistant Secretary

Typed or Printed Name

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