

P93000056621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

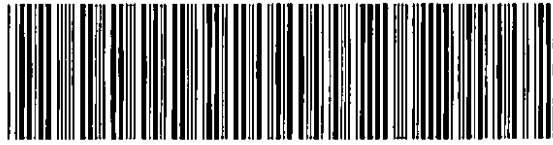
(Business Entity Name)

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R. HUNT  
11/02/23

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**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/02/2023

Acc#|20160000072

*eric DW*

Name:	Coreslab Structures (ORLANDO) Inc.
Document #:	
Order #:	15202302

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

DIVISION OF CORPORATIONS  
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Amount: \$ **35.00**

Thank you!

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORESLAB STRUCTURES (ORLANDO) INC.  
Name of Corporation

**DOCUMENT NUMBER:** P93000056621

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:

Jorge Chavez  
Name of Contact Person  
CORESLAB STRUCTURES (ORLANDO) INC.  
Firm/Company  
2720 County Road 470  
Address  
Okahumpka, FL 34762  
City/State and Zip Code

JChavez@Coreslab.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

For further information concerning this matter, please call:

Linda Stauffer at (713) 332-3754  
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CORESLAB STRUCTURES (ORLANDO) INC.

2. The principal office address: 2720 County Road 470, Okahumpka, FL 34762

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Florida Document number: P93000056621

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SALVO, LEONARD G  
2720 CR 470  
OKAHUMPKA, FL 34762

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324  
P O Box NOT acceptable

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FLORIDA DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ J. Eric Pierce  
Signature of an officer or director

J. ERIC PIERCE, Vice President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: C T Corporation System  
Linda Stauffer  
Signature of Registered Agent

11/01/2023  
Date

If signing on behalf of an entity:

Linda Stauffer, Assistant Secretary  
Typed 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