

P93000056621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

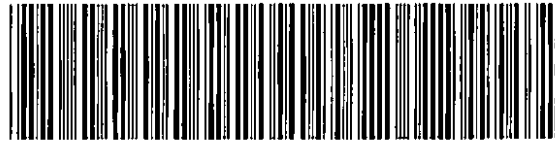
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA~~

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DIVISION OF CORPORATE REGISTRATION

2023 NOV -2 PM 12:40

R. HUNT

11/02/23

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

Date: 11/02/2023

Acc#I20160000072

en: c 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:	

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CLERK OF SUPERIOR COURT

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

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)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

P O Box NOT acceptable

Plantation, Florida 33324

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.

C T Corporation System

By:

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

CR2E045 (04/13)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS