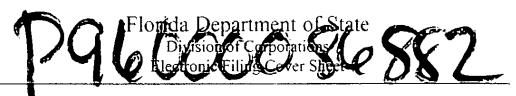
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE STABILIS SOLUTIONS, INC.

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

	•	502, 607.1508, or 617.1508, Florida Statute	zs, this
-	*	anized under the laws of the State of Fl.	
in orde	er to change its registered office or regi	stered agent, or both, in the State of Florida	ł.
1. The name of	the corporation: STABILIS SOLUTION	IS, INC.	
2. The principal	office address: 11750 KATY FREEWA	IS, INC. Y Suite 900 HOUSTON, TX 77079	
2. 7.10 pp.			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/21/1996	Document number: P96000086882	
5. The name and Florida Depa	d street address of the current registered riment of State: (If resigned, enter resigned,	I agent and registered office on file with the ned)	
	Bernstein, Joel		
	2666 Tigertail Ave. Suite 104	: :- : [25, 4]	2022
	Miami, FL 33133	<u> </u>	AUG.
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) Bernstein, Joel 2666 Tigertail Ave. Suite 104 Miami, FL 33133 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System			7 PH
	C T Corporation System	, 	
	1200 South Pine Island Road		17. 17.
	P.O. I	Box NOT acceptable	
	Plantation, Florida 33324		
The street addr as changed will	ess of its registered office and the stre l be identical.	et address of the business office of its regis	stered agent,
Such change wanthorized by t	as authorized by resolution duly adopt he board, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	er so
Andrew I Pubala CEC		Andrew L. Puhala, CFO	
	the of an officer or director	Printed or typed name and title	
of my duties, ar document is be corporation ha	the appointment as registered agent of to comply with the provisions of all st and I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete bligation of my position as registered agen the registered office uddress, I hereby con	performance it. Or, if this firm that the
C T Corporation	· # 1	7/1/2022	
75	mainie of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Jeanne Nelson,	Asst. Secretary		
	yped or Printed Name		
	* * * FILING I	TRW - \$35 AA * * *	

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: