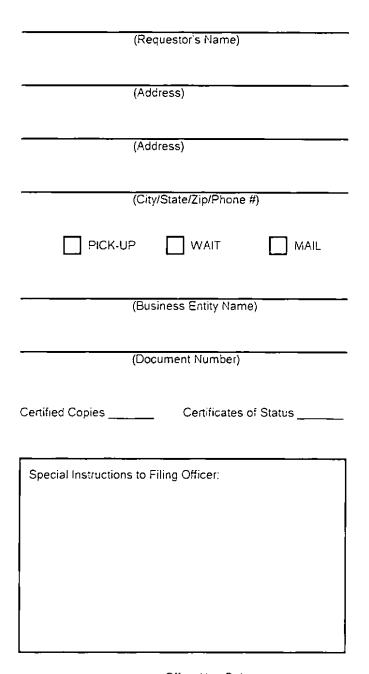
## 535931

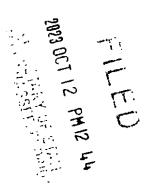


Office Use Only



100416566601

RA & ROChange



RECEIVED

RECEIVED

RECRETARY OF STATE
ALLAHASSEF FRAME

A. RAMSEY 0CT 1.3 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2023	
Name:_	Juliana	_
	ce #: <b>2123520</b>	<del>_</del>
Entity Na	ame: E. H. THOM	PSON COMPANY
	rticles of Incorporation/Authorization	
<u> </u>	mendment	
<b>√</b> C	hange of Agent	
□R	teinstatement	
□ c	Conversion	
	1erger	
_ D	issolution/Withdrawal	
∏ F	ictitious Name	
	ther	
Authoriz	red Amount: \$35.00	
Signatur	e: Juliana Prastia	

F: 800.944.6607

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

1. The name of the corporation:	E. H. THOMPSON COM	//PANY
2. The principal office address: No Change	<b>;</b>	
3. The mailing address (if different):		<u>.</u>
4. Date of incorporation/qualification: Marc	ch 6, 1991 Document number:	S35931
5. The name and street address of the current r Florida Department of State: (If resigned, er		
Corporation	Corporation Service Company	
120	1 Hays Street	007
Tallahass	ee, FL 32301-2525	2 2
6. The name and street address of the new regi (if changed): COGENCY GLO		Ma OCT 12 PH 6
115 North Calho	un St., Suite 4	
Tallahassee, FL	P.O Box NOT acceptable 32301	<del>_</del>
The street address of its registered office and as changed will be identical.	the street address of the business office	of its registered age
Such change was authorized by resolution dunuthorized by the board, or the corporation ha	ly adopted by its board of directors or by as been notified in writing of the change.	an officer so
/s/ David Gershman	David Gershman	Secretary
Signature of an officer of director  I hereby accept the appointment as registered  I further agree to comply with the provisions  of any obtains and Lan familiar	of all statutes relative to the proper and with and accept the obligation of my pos rely to reflect a change in the registered	complete ition as registered
igent. Or, if this document is being filed mer hereby confirm that the corporation has been		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name