

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F200005112

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : CAPITOL CORPORATE SERVICES, INC.
 Account Number : I20160000048
 Phone : (800)345-4647
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
 IPL NORTH AMERICA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2023 FEB 22 AM 8:26

2023 FEB 22 PM 1:00

Electronic Filing Menu

Corporate Filing Menu

Help

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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 QUEBEC in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: IPL NORTH AMERICA INC.
- 2. The principal office address: 1155 Rene-Levesque Blvd. West Suite 4100, Quebec, Montreal H3B 3V2 CA

- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/13/2020 Document number: F20000005112

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)

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Capitol Corporate Services, Inc.
515 East Park Avenue 2nd Fl
P.O. Box NOT acceptable
Tallahassee, FL 32301

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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.

Patrick James Browne
 Signature of an officer or director

Patrick James Browne
 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.

Brian Radecki
 Signature of Registered Agent

02/22/2023
 Date

If signing on behalf of an entity:

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.
 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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