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CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland

1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 989797 8392490 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: October 4, 2022 ORDER TIME : 9:48 AM ORDER NO. : 989797-138 CUSTOMER NO: 8392490 CHANGE OF AGENT NAME: MYR ENERGY SERVICES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted	ctions 607.0502, 617.0502, I for a corporation organiz egistered office or register	ed under the lav	vs of the State of	Delaware
1. The name of t	he corporation:	MYR ENERGY SERVICE	ES, INC.		
2. The principal	office address:	12150 E. 112th Avenue,	Henderson, CO	80640	
3. The mailing a	ddress (if diffen	ent): 12150 E. 112th Aver	nue, Henderson	, CO 80640	
		ation: 05/03/1999		number: F99000	002272
5. The name and	street address o	of the current registered age (If resigned, enter resigned		d office on file w	ith the
	C T Corporation	on System			_
	1200 South Pi	ne Island Road		-11-	_
	Plantation		FL	33324	
6. The name and (if changed):		of the new registered agent ervice Company	(if changed) and	d /or registered of	2022 OCT 12 AH 11: OU
	1201 Hays Str	reet			2 1 SSC:
P.O. Box NOT acceptable					
	Tallahassee		FL -	32301	
The street addre as changed will	ss of its registe be identical.	red office and the street a	ddress of the bu	siness office of it	s registered agent,
Such change wa autholized by th	s authorized by e board, or the	resolution duly adopted l corporation has been noti	by its board of d fied in writing o	lirectors or by an of the change.	officer so
Xie	2 QC)nei	Jill Cilmi, Vice	President	
7 1	e of an officer or dire			ed or typed name and ti	
of my duties, and document is bein corporation has	d I am Jamiliar 12 filed merelv	nt as registered agent and the provisions of all statut with and accept the oblig to reflect a change in the n writing of this change.	agree to act in a es relative to th ation of my post registered offica	this capacity. e proper and con ition as registere e address, I herel	iplete performance d agent. Or, if this by confirm that the
ву:	eum.	Léy	10/11/2022		
Sign	ature of Registered A	Agent		Date	
If signing on bel	nalf of an entity	: :			
Ami M. Casper,	Asst. Vice Pres	sident			
Ту	ped or Printed Name				

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