that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIGUEL MAYORCA

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

13750 DOUBLE TREE TRAIL WELLINGTON, FL 33414

DOCUMENT# L22000363009

13750 DOUBLE TREE TRAIL WELLINGTON, FL 33414

FEI Number: 88-3356713

Name and Address of Current Registered Agent:

MAYORCA, MIGUEL 13750 DOUBLE TREE TRAIL WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name MAYORCA, MIGUEL Address 13750 DOUBLE TREE TRAIL City-State-Zip: WELLINGTON FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

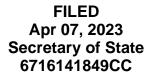
MANAGER

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ALPHA MECHANICAL CONSTRUCTION SOLUTIONS, LLC

Certificate of Status Desired: No

Date



04/07/2023 Date