Division of Corporations Electronic Filing Cover Sheet

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(((H24000320236 3)))



H240003202363ABCW

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 ROTATING EQUIPMENT REPAIR INC.

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

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COVER LETTER

TO: Amendment Section Division of Corporations

ROTATING EQUIPMENT REPAIR INC.
Name of Corporation

DOCUMENT NUMBER: F0900005164

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Alicia Richards
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Richards
Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporation

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617. inge is submitted for a corporation or r to change its registered office or reg	ganized under the i	laws of the State of _	Wisconsin		
2. The principal	the corporation: ROTATING office address: W248 N5550			R INC.		
	ddress (if different):	_				
4. Date of incorp	poration/qualification: 12/24/20	009 Documer	t number: F090	00005164		
	I street address of the current registere tment of State: (If resigned, enter resi	gned)				
	CORPORATION S	ERVICE (COMPANY			
	1201 HAYS STREET					
	TALLAHASSEE	FL	32301	TAL		
TALLAHASSEE FL 32301 5. The name and street address of the new registered agent (if changed) and /or registered office FS (if changed):						
	Registered Agent So	olutions, In	C.	E.C. E		
2894 Remington Green Ln. Ste. A						
	Tallahassee	Bux NOT acceptable FL 323	308	9:54		
The street address changed will	ess of its registered office and the strube identical.	eet address of the l	ousiness office of its	s registered agent,		
Such change wa authorized by th	is authorized by resolution duly adoptive board, or the corporation has been	oted by its board o notified in writing	f directors or by an og of the change.	officer so		
s/ Melissa Signatur	L Schindles e of an officer of director		R, MELISSA L			
Jurther agree t If my duties, and locument is bei	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan	tatules relative to obligation of my pe othe registered off	n this capacity the proper and com osition as registered ice address, I hereb	plete performance l agent. Or, if this y confirm that the		
Мо	سعين طألا	09/19/2	024			
Sign	nature of Registered Agent		Date	•		
f signing on bel	half of an entity:					
	r, Assistant Secretary					
Ty	oped or Printed Name	mpm asses	.			
* * * 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)