Division of Corporations Electronic Filing Cover Sheet

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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 GLOBAL DESIGN MECHANICAL SOLUTIONS, INC.

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

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Corporate Filing Menu

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COVER LETTER

Amendment Section Division of Corporations

TO:

Name of Corporation	
DOCUMENT NUMBER: F23000001992	
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future an	inual report notification)
•	,
For further information concerning this mat	ter, please call:
Mary Castillo	at (888 \ \ 705-7274

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

Name of Contact Person

Street Address:
Amendment Section
Division of Corporations

Area Code & Daytime Telephone Number

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

Tallahassee, FL 32303

CR2E045 (04/13)

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

→ 18506176380

statement of cha	inge is submitted for a corpor	502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ration organized under the laws of the State of Missouri lice or registered agent, or both, in the State of Florida.
		ESIGN MECHANICAL SOLUTIONS, INC.
2. The principal	office address:	CT. SAINT LOUIS, MO 63146
3. The mailing a	uddress (if different):	
4. Date of incorp	poration/qualification: 04/07/	2023 Document number: F23000001992
	I street address of the current timent of State: (If resigned, e	registered agent and registered office on file with the enter resigned)
	REGISTERED AGENT SOL	JUIONS, INC.
	155 OFFICE PLAZA DR., S	TE. A
	TALLAHASSEE, FL 32301	
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered office
	Registered Agent Solutions, I	nc.
	2894 Remington Green Ln. S	te. A
		P.O. Box NOT acceptable
	Tallahassee, FL 32308	
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution one board, or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.
lsi Mackenz	cie Hibler	Mackenzie Hibler, Authorized Person
Signatu	re of an officer or director	Printed or typed name and title
l further agree i of my duties, an document is bei	the appointment as register to comply with the provision d I am familiar with and acc ng filed merely to reflect a c s been notified in wri ing of t	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the this change.
Ma		12/22/2023
Sign	of Registered Agent	Date
If signing on be	half of an entity:	
Mackenzie Hible	r, Assistant Secretary	
T ₁	yped or Printed Name	

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