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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Boiler Inspection Se (Nam	ervices, LLC ne of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Cynthia Z. Jorgensen (Name of Person)	
Quarles & Brady LLP (Firm/Company)	
444 5 14/1	
411 E. Wisconsin Avenue, Suite 2350 (Address)	
Milwaukee, WI 53202	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Cynthia Z. Jorgensen	at (414) 277-5191
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	wing amount:
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605. DIT 605. Dittellorida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: Boiler Inspection Services, LLC				
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5409 Highway Avenue Jacksonville, FL 32254	. 0	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5409 Highway Avenue Jacksonville, FL 32254	. 0	
3/:	2/200	01	L01000003321	٠ <u>٢</u>	
3.	Dat	e of filing/registration in Florida 4	. Document number	<u>≨</u> %	
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:		
		Registered Agent:	John W. Hewitt	- 있다. - 카이디	
	·		10625 N. Military Trail, Suite 208 Palm Beach Gardens, FL 33410-6552	OF ALIGN	
•	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	/ Registered Office address: Tricia Wilson	. 0	
	•	NEW Registered Office Address:	5409 Highway Avenue Jacksonville, FL 32254 ,FL	- - E	
tha of he lia	at afi fice (reby bilit	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the busing se of a Florida limited liability company, it is an affirmative vote of the members of the li	ness S mited	
(Si	gnatu	e of a member or authorized representative of a member)	•	•	
(P	rinted	Nilson, Secretary or typed name of signee) by accept the appointment as registered agent and ag with the provisions of all statutes relative to the prophiliar with and accept the obligations of my position a br, if this document is being filed to merely reflect a chapter of the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, as registered agent as provided for in Chapte hange in the registered office address, I here in writing of this change.	and I r 605 by	
(S	JU ignatu	un Willia— ire of Registered Agent)		•	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00