8/13/2021

Fax: 14078411200

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Fax: (850) 617-6383 Division of Corporations Page: 1 of 2

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Florida Department of State

Division of Corporations

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Division of Corporations

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From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: knylander@boyselectrical.com

LLC REGISTERED AGENT CHANGE BOYS ELECTRICAL CONTRACTORS, LLC

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(((H21000305762 3)))

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida 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.

I. N	ame of the limited liability company: Boys Electrica	al Contractors, L	LC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nota: MAY BE POST OF FICE ROX)
	110 East Drive	1	10 East Drive
	Mclbourne, FL 32904	<u>, , , , , , , , , , , , , , , , , , , </u>	Aelbourne, FL 32904
	April 25, 2001	LO	1000006357
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Kimberty Brown Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 110 East Drive			
	Melbourne		•
(6)		tered Office addiz	
	Orlando): 36
change agent was/w the art	timited liability company is not organized under the or changes are made, the Florida street address of will be identical. Ar, in the case of a Florida limiterer authorized by an affirmative vote of the memberial of memberial properties agreement of	e laws of the State of the registered of the limite the limited liab	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company. ylander, Manager
,	flow of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in the registered office address in writing of this classes.	lete performance vided for in Cha	e of my duties, and I am familiar with ond accept opter 605, F.S. Or, if this document is being filed
,	of Sole Member Division of Corporations • P.	O. Box 6327• G FEE: \$25.00	