## L01000006357

(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
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## **COVER LETTER**

TO: Registration Section Division of Corporations Boys Electrical Contractors, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kyle Nylander Name of Person Boys Electrical Contractors, LLC Firm/Company 110 East Drive Address Melbourne, FL 32904 City/State and Zip Code knylander@boyselectrical.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kyle Nylander 321 727-3887 Name of Person Area Code & Daytime Telephone Number Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE 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.

1. Na	ome of the limited liability company: Boys Electrical C	Contract	tors, L	LC		
2. (a)			(b) _			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\-/ <b>-</b>		Mailing address of li	mited liability company: POST OFFICE BOX)
	110 East Drive		1	10 East i	Drive	
	Melbourne, FL 32904		N	4elbourn	ne, FL 32904	
	April 09, 2024		L0	1000006	6357	
3.	Date of filing/registration in Florida	4.		•	Document numb	oer Der
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records o	f the Flo	rida De	ept. of Sta	ate:	207 EE
	Dean Mead Services, LLC					TALL THE
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS)		<del></del>	THE REST
	420 S. Orange Avenue, Suite 700					6 7
	Orlando	3280°	1		<del></del>	2024 APR 16 PH 3: 35 SECRETARY OF STATI
	<del></del>		-	_		72 3g
(b)	Enter name of NEW Registered Agent and/or NEW Registere					· m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office</u>	e addre	<u>:88</u> :		
	Kyle Nylander					
	NEW Registered Office Address:				<del></del>	
	110 East Drive					
	Melbourne, F	L	4		_	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the	tered ( complimite	office ar pany, it d liabili	nd the business of is hereby confirmently ity company or as	fice of the registered ed that the change(s)
1			Cyle N	ylander.	Manager	
-	fure of a member or authorized representative of a member		_		Printed or typed na	<b>-</b>
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflectia change in the registered office address, I dipyriting of this change.	ree to a perfoard for it hereby	act in rmane in Cha v confi	this cap we of my opter 60 irm that	pacity. I further a duties, and I am ) 5, F.S. Or, if this t the limited liabili	gree to comply with the familiar with and accept document is being filed ity company has been

Signature of Rogistered Agent