From: Ranae McGr

Division of Corporations

Florida Department of

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From: Ranae McGra

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

2021-01-05 11:31:50 CST

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.

l. N	ame of the limited liability company: CMS	S Mechanical S						
. (a)	1045 S. John Rodes Blvd., Melbourne, FL 329	0-4	(b) 1045	S. John Rodes Blvd.	John Rodes Blvd., Melbourne, FL 32904			
3.	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	11/06/2002 Date of filing/registration in Flori	ida	1.02000029614 4. Document number					
· /n	Robert A. Bull				۲ . ـــــــ	202		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1045 S. John Rodes Blvd., Melbourne, FL 32904			of State:	Ru sinbaa	1 1	1, 112	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			Ş	<u>о</u>			
	1045 S. John Rodes Blvd., Melbourne, FL 32	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			e Fr	AH II: 23	in f	
		, FL_			277	=	الشيعة:	
	C T Corporation System				F - 1	23		
ζ-,	Enter name of NEW Registered Agent and/or NEV	W Registered Q	ffice address:					
· ·	NEW Registered Office Address:		.= /			₩ · · · · · · · · · · · ·		
	1200 South Pine Island Road							
	Plantation	, FL	3324					
he ch igent vas/v	limited liability company is not organized using or changes are made, the Florida street will be identical. Or, in the case of a Florid were authorized by an affirmative vote of the ticles of organization or the operating agrees	t address of the la limited liab members of	ne registered ility compan the limited li	office and the busing, it is hereby confidential ability company or y company.	ness office o rmed that th	i the regi: e change(stered s)	
Sign	ature of a member or authorized representative of a m	ember		Printed or typed	i name of signe	c		
l her rovi: he ol	eby accept the appointment as registered ag sions of all statutes relative to the proper an oligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	ent and agree d complete pe as provided, address, I he	e to act in thi erformance of for in Chapte reby confirm	s capacity. I furthe of my duties, and I a er 605, F.S. Or, if a that the limited lia	r agree to co m familiar v his documen bility compa	omply wit vith and a t is being my has be	h the accept filed ren	