L04 000 094 304

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: J. HORNE JAN 30 2023						

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The Table of the the committee

SECRETARY OF 1 TO ZONA TALLAHASSEEL HOLD

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COVER LETTER

то:		istration Section sion of Corporations						
SUBJ.	F C T·	SOUTHEAST MECHANICAL CONTRACTORS LLC						
5000		Name of Limited Liability Company						
Dear S	Sir or 1	Madam:						
The er	iclosed	d Registered Agent/Registered Office Cha	inge ai	nd fee(s) are submitted for filing.				
Please	returi	all correspondence concerning this matte	er to th	e following:				
BRIAN	N MUE	ELLER						
		Name of Person						
SOUT	HEAS'	T MECHANICAL CONTRACTORS LLC						
		Firm/Company						
2120 S	W 571	TH TERRACE						
		Address						
HOLL	YWO	DD. FL 33023						
		City/State and Zip Code						
BMUE	ELLER	@SEMECHANICAL.COM						
Ī	E-mail	address: (to be used for future annual rep	ort no	iification)				
For fu	rther i	nformation concerning this matter, please	call:					
		at (954	981-3600				
	,	Name of Person		Area Code & Daytime Telephone Number				
	Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enc	losed is a check for the following amoun	nt:					
	Øs	25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHSI	8 (2/1-	4)						

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.

I. Na	ame of the limited liability company: SOUTHEAST M	ECHANI	CAL CONT	RACTORS LLC			
2. (a)	2120 SW 57TH TERRACE, HOLLYWOOD, FL 33023	()	2120 SW	57TH TERRACE, HOLLYWOOD, FL 33023			
(_,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	—	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	12.29.2004		1,04000094				
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:						
	Registered Office Address (MUST BE FLORIDA STREET)	_					
	2120 SW 57TH TERRACE	26 S S TAIL					
	HOLLYWOOD.	33023	2022 NOV T				
	BRIAN MUELLER			TARY 3			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	V-3 PH					
				# 19 O			
	NEW Registered Office Address:	- ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	2120 SW 57TH TERRACE	- -					
	HOLLYWOOD , FL	33023		_			
change agent v was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin limited l	ed office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany.			
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee			
provisi the obi to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a thatge in the registered office address, I is din writing of this change.	ree to act perform d for in (hereby co	in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been			
Signatu	are of Registered Agent						