(Re	equestor's Name)	
(Ac	ddress)	
(Åc	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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A. BUTLER MAY - 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 641510 8279311				
AUTHORIZATION: Spelle Reman				
COST LIMIT : \$\frac{1}{2}5.700				
ORDER DATE : April 27, 2022				
ORDER TIME : 8:47 AM				
ORDER NO. : 641510-046				
CUSTOMER NO: 8279311				
CHANGE OF AGENT				
NAME: BEST ELECTRIC, AIR CONDITIONING, & PLUMBING, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				

EXAMINER: _____

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.

ivai	me of the limited liability company:	•	301151110	ONING, & PLUMBING, LLC
(a) _	201 E. Kennedy Boulevard, 1600	(b)	
.M	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33602	_		
	08/02/2013		L1300010	09493
(a)	Date of filing/registration in Florida C T Corporation System	— 4.		Document number
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Floric	la Dept. of St	tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	_
	Plantation , F	33324 L_	1	2022 AP SECRE
(b) .	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	d Office a	ddress:	R 29 AM TARY OF AHASSE
	NEW Registered Office Address:			D 7: 07 STATE E. FL
	1201 Hays Street			— 7
	Tallahassee, F	L_32301		
nge nt w /we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the lir	ed office a ompany, it nited liabil	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	Cilmi	Jill	Cilmi, Autl	thorized Person
	ure of a member or authorized representative of a member			Printed or typed name of signee