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2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

Io: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: November 27, 2013

Order#: 895154/016

Re: GULF MECHANICAL CONTRACTORS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.	. Name of the limited liability company: GULF MECHANICAL CONTRACTORS, LLC				
2.	. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		; 2300 Lowell Road Springdale, AR 72764		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P O Box 1561 Springdale, AR 72765		
		10/15/2013	L13000145395		
3.	Dat	e 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 Agent:	Thomas Sherman		
		Registered Office Address:	5450 N.E. 2nd Lane Ocala, FL 34470		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>			
		NEW Registered Agent:	Corporation Service Company		
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street		
(MCGT BETEORIDA STREET ADDRESS)		[Mediabilation Managed Managed	Tallahassee ,FL 32301		
an lia th th	nfirr id the abilit e me e ope	imited liability company is not organized under the lend that after the change or changes are made, the Flebusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of		
D	ona F	riebe, Authorized Person			
		or typed name of signee	-		
co ar Ci ac	mply id I d hapte ldres	by accept the appointment as registered agent and as with the provisions of all statutes relative to the prom familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
	y: gnatu	e of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. VP		
		Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314		

FILING FEE: \$25.00