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ACCOUNT	NO.	•	I2000000195
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REFERENCE: 968283

7965864

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 20, 2014

ORDER TIME : 12:31 PM

ORDER NO. : 968283-005

CUSTOMER NO: 7965864

CHANGE OF AGENT

NAME: GULF MECHANICAL CONTRACTORS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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

Pursuant to the provisions of sections 605.0114; 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 Mechanica	l Contractors, LLC		
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 31643 Executive Blvd		
	Leesburg	' fl 34748	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above	4 JAI	
,		>= ~	
10/15/2013	L13000145395	I ARY SSEE	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Fiorida De		
Registered Agent:	Corporation Service Company	/ <u>ESW</u> (3)	
Registered Office Address:	1201 Hays Street		
	Tallahassee FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office addre	<u>ss</u> :	
NEW Registered Office Address:	31643 Executive Blvd		
(MUST BE FLORIDA STREET ADDRESS)	Leesburg	FL 34748	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. How the operating agreement of the limited liability company.	Torida street address of the re tical. Or, in the case of a Flo) was/were authorized by an	egistered office rida limited affirmative vote of	
Hex Bisbee			
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiar with and accept the obligations of my pochapter boy. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companies.	ngree to act in this capacity aper and complete performa osition as registered agent as erely reflect a change in the r ty has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.	
DY. / JAN X/ NEwyster			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)