Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:						
		Division of Corporations Fax Number : (850)617-6383				
From∶				2022 NOV 30 At		
		: C T CORPORATION SYS	TEM	AM 11: 21		
		: FCA000000023 : (954)208-0845				
		: (614)573-3996				
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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.

1.	Na	me of the limited liability company: M S Industrial.	LLC					
2. (a)		2730 MINE & MILL RD LAKELAND, FL 33801		2730 MINE & MILL RD LAKELAND, FL 33801				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Nate: MAY BE POST OFFICE BOX)				
3. 5.	(a)	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC. Registered Agent and Registered Office shown on the records of the control of the co	4. of the Florida	L130001483	Document number			
(ს)		Régistered Office Address - IMUST RE FLORIDA STREE 801 US HIGHWAY 1	T ADDRESS	5)	_	2022 NOV 30	<u>i.,</u>	
		NORTH PALM BEACH	933408		-	AON	ž:	
		C.7. Corporation System Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	0 AM II: 27	17 0 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		NEW Registered Office Address:			•			
		1200 South Pine Island Road			-			
		Plantation, I	FL, 33324		_			
the ager was the	cha nt w /we artic	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi liability of s of the lin he limited	stered office ompany, it is nicd liability liability con	e and the business office s hereby confirmed that y company or as otherw apany.	e of the r the chan	egistered (ge(s)	
	Signature of a member of authorized representative of a member			Printed or typed name of signee				
I he provide the to notif	erel visio obli vere fied	by accept the appointment as registered agent and a constant of all statutes relative to the proper and comple gations of my position as registered agent as providing reflect a change in the registered office address, in writing of this change C T Corporation System	igree to ac Te perform ded for in (I hereby c	t in this cupe unce of my c Chapter 605 onfirm that	ocity. I further awae te	ı connib	with the ad accept ing filed s been	