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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Fax Number

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803 : (855)330-1010

Enter the email address for this business entity to be used for future ω annual report mailings. Enter only one email address please.

Em :	1	Δ	તત	F0	c	_	

LLC REGISTERED AGENT CHANGE R & R AIR SOLUTIONS LLC

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

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	ame of the limited liability company: R&R Air	Soluti	ons LL	<u>.C</u>				
2. (a)		(b)						
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	13715 ARTESA BELL DR		13715 ARTESA BELL DR					
	RIVERVIEW, FL 33579		RIVERVI	EW, FL 335	579			
	04/22/2016	ı	_160000	79793				
3.	Date of filing/registration in Florida	4,	·····	Document nui	mber			
	MOVEELED DICHARD							
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:		S	2		
			•		TA TA	020		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS				FEB	1	
	13715 ARTESA BELL DR				E	2020 FEB O	Saw wer	
	RIVERVIEW	_{FL} 33579			が 69 点 69 点	70		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	red Office add	lress:		CRL WAY OF STATE TALLABASSEE, FL	PH 12: 23		
	7901 4th St N							
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	_{FL} 33702						
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the member that the state of the state of the member that the state of the member that the state of the member that the state of the stat	of the regised in the second of the limited limited length of the length of	tered office mpany, it is ited liability	and the busir hereby confi company or	ness office (rmed that th	of the re ne chan	egistered ge(s)	
Sign	gnature of a member or authorized representative of a member			Printed or typed name of signee				
I hero provis the ob to me notifi	eby accept the appointment as registered agent and estions of all statutes relative to the proper and completing tions of my position as registered agent as provingly reflect a change in the registered office address, and myriting of this change.	ete perjormi ided for in (ance of my a Chapter 605 Infirm that i	iuties, ana t a . F.S. Or. if ti	ım jamınar his documei	wun ar nt is be	ia accep ing filed	