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A. BUTLER JUL 28 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 823010 7160018				
AUTHORIZATION :				
COST LIMIT : Cost Delena				
ORDER DATE : July 20, 2022				
ORDER TIME : 2:36 PM				
ORDER NO. : 823010-374				
CUSTOMER NO: 7160018				
CHANGE OF AGENT				
NAME: ROYALAIRE MECHANICAL SERVICES, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker 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.

1. N	ame of the limited liability company:	ECHANICAL SEF	RVICES, LLC
2. (a)	101 Dunbar Avenue, Suite D	101 Dunbar Avenue, Suite D	
2. (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)
	Oldsmar, FL 34677	Oldsm	ar, FL 34677
	03/22/2017	L170000	064523
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET)	,	SECRETARY TALLARI
	1200 S PINE ISLAND RD		min m
	PLANTATION , FL	33324	PM 3: 57 OF STATE SCEENE
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	Office address:	
	1201 Hays Street		
			
	Tallahassee, FI.	32301	
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office ability company, i of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	Jel C. Wone	Jill Cilmi, Au	thorized Person
_	iture of almember or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change.	ee to act in this c performance of n I for in Chapter 6 aereby confirm th	apacity. I further agree to comply with the ny dulies, and I am familiar with and accept 505. F.S. Or, if this document is being filed at the limited liability company has been
Signatu	Llvaca C. T. V. O. L. gree of Registered Agent	Grace E. K	irhy, Asst. Vice President