

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383 Fax Number

: SHUMAKER, LOOP & KENDRICK LLP Account Name

Account Number : 075500004387 : (813)229-7699 Phone

: (813)229-1660 Fax Number

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

Email Address: __dsinger@shumaker.com

LLC REGISTERED AGENT CHANGE ARNETT ENGINEERED SOLUTIONS, LLC

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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.

. (a)		(b)			····		
• • •	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company. (Note: MAY BE POST OF FICE BOX)			
			2348 S. Dock St. Palmetto, FL 34221				
	2348 S. Dock St. Palmetto, FL 34221	_					
	_08/03/2018	118000188989					
3.	08/03/2018 Date of filing/registration in Florida	4.		Document no	mper		
5. (a)							
/. (u)	Registered Agent and Registered Office shown on the records of	the Florida I	Ocpl. of Stat	_ le:			
	Gulbis, Vitauts M						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_			.=)
						2	JAlü
	911 Chestnut St.			-		21 JUL 30	SIO
	Clearwater FI	33756		_		=	===
						30	51011 OF CO
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office add		-		P	202
	Enter name of NEW RESILETS ARESE MOVER NEW RESISTENCE	(V) KY ING	302			ယ္	₽01
	David B. Singer, Shumaker, Loop & Kendrick, LL	Р		_		07	CORPORATIONS
	NEW Registered Office Address:					_	2.50
	101 E. Kennedy Blvd., Ste. 2800			-			3,
	Tampa, FI	33602		_			
. k	imited liability company is not organized under the lat	ws of the S	tate of Flo	id the business	office of the	registered	
•	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ኒቶ የኩሎ ነነለኝነበ	<i>^~~</i> !!!!	ሲ ሲለጠነያል በህ ሊያ	SE CIPPINIE	provided i	n
2	DPLAT		Randa 1	1 Chase	Aine	++	
_	dure of a member or authorized representative of a member	_			rame of signe	-	
l here rovis he ob	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ee to act i performat d for in Cl hereby cor	n this cap ice of my apter 603 firm that	acity. I furthe duties, and I a 5, F.S. Or, if t the limited lia	r agree to co m jamiliar w his documen bility compa	omply with with and according for the second	the cept iled n

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