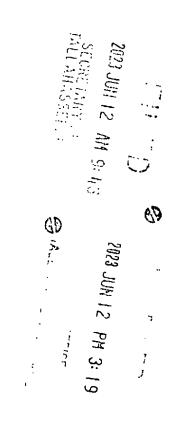
## L19000129618

	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 790266 8417047

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 2, 2023

ORDER TIME : 8:48 AM

ORDER NO. : 790266-001

CUSTOMER NO: 8417047

\_\_\_\_\_\_

CHANGE OF AGENT

NAME: ELECTRIK PRO'S LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

## 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	ame of the limited liability company: ELECTRIK PR	RO'S LLC					
2. (a)	501 E LAS OLAS BLVD		(b) 501 E LAS OLAS BLVD				
(-) .	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	<del></del>		Mailing address of lim (Note: MAY BE P			-
	5201 Blue Lagoon Drive Suite 800		5201 Blu	ue Lagoon Drive Su	ıite 800		
	MIAMI, FL 33126		МІАМІ, І	FL 33126			
	05/13/2019		L190001	29618			
3.	Date of filing/registration in Florida	— 4.		Document number	er		
5. (a)	RAGHEB, MICHAEL						
. (u)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of Sta	ate:			
	5201 Blue Lagoon Drive Suite 800						
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>5.S)</u>	_			
	Miami	33126	5		7.00	2(	
(b)	Corporation Service Company			_	EL AH	)23 JU	. ;
(0)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddress:	_	<u> </u>	12	· <u>·</u>
	1201 Hays Street					2 A.H	;
	NEW Registered Office Address:			_		Ş	
		· <del>-</del> ·		<del>_</del>		ప్	E3
	Tallahassee, F	L_32301		_			
change agent v was/we	imited liability company is not organized under the later concentration or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register liability c of the line e limited	red office ar ompany, it nited liabili	nd the business offi is hereby confirmed ity company or as o mpany.	ce of the	registe chang	ered e(s)
Signat	ture of a member or authorized representative of a member	_		Printed or typed nam	ne of signee	!	
provisit the obli to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I imwriting of this change.  Wilso Janson, AVP	gree to ac e perforn ed for in ' hereby c	et in this cap nance of my Chapter 60, confirm that	pacity. I further agg duties, and I am fo 5, F.S. Or, if this d the limited liability	ree to con miliar wi locument v compan	nply w th ana is bein y has i	ith the accept g filed been
Signatui	re of Registered Agent						

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