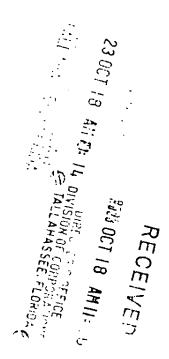


((Requestor's Name)			
	(Address)			
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•	, aa			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
1	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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Special Instructions to	Filing Officer:			
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : I	20000000195	
	REFERENCE : 0	60712 83045	516
	AUTHORIZATION :	peil Le man	,
	COST LIMIT : (\$	25.00	
ORDER DATE :	October 11, 2023		
ORDER TIME :	8:42 AM		
ORDER NO. :	060712-075		
CUSTOMER NO:	8304516		
	<u>CHANGE OF AGENT</u>		
NAME:	UNITED MECHANICAL	LLC	

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

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.

(b) 8170 MAINLINE PKWY. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) FORT MYERS, FL 33912 L20000066691 4. Document number	
(Note: MAY BE POST OFFICE BOX) FORT MYERS, FL 33912 L20000066691	
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Florida Dept. of State:	
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2301	
of the State of Florida, it is hereby confirmed that after the gistered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in nited liability company.	
Carmine Mistichelli, Authorized Person	
Printed or typed name of signee	
to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accep or in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been	
Grace E. Kirby, Asst. Vice President	
Tice 239	