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COVER LETTER

Division of Corporations	
MCKINC PCB DESIGN LLC	
SUBJECT: Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Joseph McKenna	
Name of Person	
MCKINC PCB DESIGN LLC	
Firm/Company	
9952 East Gulf Street	
Address	
Seminole, FL 33776	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
joe@mckincpcbdesign.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Joseph McKenna	727 644-5847 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	ount:
☐ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9952 East Gulf Street		9952 East G	ulf Street
	Seminole, FL 33776		Seminole, Fi	L 33776
	May 3, 2021		L2000012773	7
3.	Date of filing/registration in Florida	4.		Ocument number
5. (a)	Registered Agents Inc.			_
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			2021 HAY -6 AH 5: 3: 1021 HAY -6 AH 5: 3:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES	<u>zı</u>	5
	7901 4th St N, Suite 300			6 M
	St. Petersburg	FL 33702		H 5: 33
	Joseph McKenna			Dim 3
(b)	Joseph McKenna Enter name of NEW Registered Agent and/or NEW Registered Agent	red Office a	ddress:	10 m 3
(b)	·	red Office a	ddress:	10 m
(b)	Enter name of NEW Registered Agent and/or NEW Registe	red Office a	ddress:	Do
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered NEW Registered Office Address:</u>	red Office a	ddress:	10) 10)
If the lichange agent was/we the arti	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 9952 East Gulf Street	FL 33776 laws of the the register liability cress of the lire	e State of Flor red office and ompany, it is l nited liability liability comp	ida, it is hereby confirmed that after the the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in