Florida Department of State Electronic Fling Cover Steet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:__

LLC REGISTERED AGENT CHANGE AUTOMATION INDUSTRIES LLC

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Electronic Filing Menu Corporate Filing Menu

Help

AUG 23 2023 K. Brumbley To: 18506176383

From Registered Agents Inc.

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.

Name of the limited liability company: <u>AUTOMATION INDUSTRIES LLC</u>					
2.	(a)		(b)		
	• *	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		05/24/2021	L21000239207		
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	MASRI, JASON J			
.,.	(4)	Registered Agent and Registered Office shown on the records of			
		10493 Jane Eyre Dr			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
		Orlando , FI	 L 32825	·	,
	(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	d Office address	2023 AUG ZZ TO IZ:	4PP
		7901 4th St N			E E E E E E E E E E E E E E E E E E E
		NEW Registered Office Address:			5 ⊂
		STE 300		مون بدن مساسم	
		St. Petersburg . F1	. 33702		
the ago wa the	e cha ent v is/we arti	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	f the registere lability compa of the limited · limited liabil	ed office and the business office of tany, it is hereby confirmed that the liability company or as otherwise plity company.	the registered change(s) provided in
	/ _/ :	ture of a member or authorized representative of a member		Robin Jones	
Il pro the to	rerel ovisi : obl mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide dy reflect a change in the registered office address. I Up writing of this change	ree to act in the performance of for in Chap hereby confir	his capacity. I further agree to con e of my duties, and I am familiar wi ver 605, F.S. Or, if this document of m that the limited liability compan	uply with the th and accept is being filed y has been

and Costs David Roberts - Assistant Secretary

Signature of Registered Agent