Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

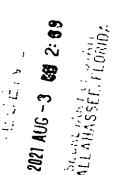
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## LLC REGISTERED AGENT CHANGE SAME DAY CALIBRATIONS LLC



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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

i. Na	une of the limited liability company: SAME [	DAY CALIBR	RATIONS LLC	
2. (a)	1822 UNIVERSITY AVE	<sub>(b)</sub> 601 N	(b) 601 N ASHLEY DR	
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  SUITE1100-13	
	GREEN BAY, WI 54302 UN	TAMPA.	FL 33602 UN	
	06/15/21	L210002	277754	
3.	Date of filing/registration in Florida	4.	Document number	
د ر ح	JEFFREY LANG			
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept, of State	- e:	
	2525 W PROSPECT AVE			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	-	
			<b>28</b> . =	
	APPLETON	<sub>FL</sub> 54914	2021 AUG -3	
			- 6 - 277	
(h)	Registered Agents Inc.		- RATE	
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	CORPORALI	
	7901 4th St N		17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	
	NEW Registered Office Address:		-	
	STE 300		<del>-</del>	
	St. Petersburg	<sub>FL</sub> 33702	_	
If the l	imited liability company is not organized under the	laws of the State of Fl	orida, it is hereby confirmed that after	
the cha agent was/w	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the registered office Hiability company, it is rs of the limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
<u>K</u>	iley tark.	Riley Park	District and in the second	
_	iture of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, din writing of this change.  Bill Havre - Assisti	ete performance of my ided for in Chapter 60:	duties, and t am familiar with and accept 5. F.S. Or. if this document is being filed	
Signan	ire of Registered Agent	ant Jeurdary		