121000425631 Florida Department of State

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

Fax Number : (855)330-1010

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

Email Address:_____

LLC REGISTERED AGENT CHANGE CAPITAL CITY WELDING LLC

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02
\$25.00

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

rioriaa				
l. Na	me of the limited liability company: CAPITAL	CIT	Y WEL	DING LLC
2. (a)	7901 4th St N STE 300	(_{b)} 7901 4t	h St N STE 300
(, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· ———	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg, FL 33702	_	St. Pete	rsburg, FL 33702
		_		
	09/28/21		L21000	0425631
3.	Date of filing/registration in Florida	4.		Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.				
	5575 S. SEMORAN BLVD.			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	
	36			
	ORLANDO FL	3282	2	
(b)	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	3370	2	
the char agent w was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility of f the li limited	istered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Bill Havre - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent