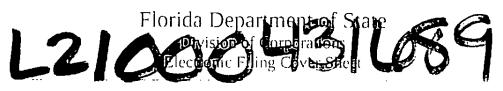
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (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 THOMAS FRAMING SERVICES LLC

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nct - 3 2023

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

PROFIG	ICI.		
1 N	ame of the limited liability company:	ING SERVICES LI	LC
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)
	10/01/21	L21000	
3.	Date of filing/registration in Florida	ú,	Document number
5. (a	UNITED STATES CORPORATION AGENTS, INC.		
(h)	Registered Agent and Registered Office shown on the records o	I the Florida Dept. o	l State
	Registered Office Address (MUST BE FLORIDA STREET) 476 RIVERSIDE AVE.	ADDRESS)	
	JACKSONVILLE F	L_32202	2023
			2023 OCT -2 PM 12: 4
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	2 5
	7901 4th St N		PMIS
	NEW Registered Office Address:		
	STE 300		~
	St. Petersburg	<u>33702</u>	
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered of iability company of the limited lia	office and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
,	ture of a member or authorized representative of a member	Robin Jones	
Signa	iture of a member or authorized representative of a member	-	Printed or typed name of signee

Thereby 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.

David Roberts - Assistant Secretary
Signature of Registered Agent