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Office Use Only



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FILED 2024 HAY 16 PM 3: O4 SECRETARY OF STATE

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.

1. Na	ame of the limited liability company: ARC Auto	omation LLC		
2. (a)			b)	
(,	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	!	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/01/21		L210005090	983
3. 5. (a)	Date of filing/registration in Florida	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			Document number SECRETARY 6 PH 3: 04 SECRETARY 6 PH 3: 04
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SSEE. ST
(b)	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW Re	egistered Office a	ddress:	-
	7901 4th St N			
	NEW Registered Office Address:			-
	STE 300			_
	St. Petersburg	, FL_33702		_
the cha agent v was/w the art	imited liability company is not organized underinge or changes are made, the Florida street adwill be identical. Or, in the case of a Florida literer authorized by an affirmative vote of the medicles of organization or the operating agreement of the incompany and the operating agreements.	dress of the reg mited liability embers of the li	gistered offic company, it i mited liabili I liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	iture of a member or authorized representative of a memb	er —		Printed or typed name of signee
provisi the obt to mer natifie	by accept the appointment as registered agent ions of all statutes relative to the proper and colligations of my position as registered agent as ely reflect a change in the registered office add in writing of this change.	omplete perfor provided for in dress. I hereby	mance of my Chapter 60 confirm that	oacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
1.,(12,	David Roberts - As	sistant Secretan	<i>t</i>	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent