3/31/23, 4:53 PM

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (954)208-0845 Fax Number : (614)573-3996

**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 I/C MECHANICAL, 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.

| | une of the limited liability company: 1/C Mechanical, I | | 25 Montoes Business Park | |
|--------------------------|---|--|---|---------------------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BESTREET ADDRESS) | (h) | Mailing address of limited liability (Note: MAY BE POST OFFIC) | |
| | Tampa, FL 33635 | Tair | npa, FL 33635 | |
| | 12/21/2022 | 1.220 | 00531410 | |
| i. i. (a) | Date of filing/registration in Florida Szostek, Katherine | 4. | Document number | |
|) | Registered Agent and Registered Office shown on the records of 13925 Monroes Business Park | the Florida Dept. | of State: | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | |
| | Tampa FL. | 33635 | | . 201 |
| (b) | C T Corporation System | | ÷. | Fí 2023 HAR 3 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address | | FIL: |
| | NEW Registered Office Address: | | | D PM 2: |
| | 1200 South Pine Island Road | | · · | . l 5 |
| | Plantation FL | 33324 | | |
| e cha gent v as/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited his re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the registered ability compar of the limited l | office and the business office of the sy, it is hereby confirmed that the company or as otherwise puty company. | he registered hange(s) |
| 4_ | | William M | arkley, CFO and Secretary | |
| | tire of a member or authorized regresentative of a grember | | Printed or typed name of signee | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: 525.00