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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 02/	15/2024			
Name:	Patrice Rush	<u> </u>		
	2245894	<u> </u>		
Entity Name:	ntity Name: HITECH TRUSS, LLC			
Articles of	Incorporation/Authorizat	on to Transact Business		
Amendme	nt			
✓ Change of	Agent			
Reinstater	nent			
Conversio	n			
☐ Dissolution	n/Withdrawal			
Fictitious N	Name			
Other				
Authorized Amou				
Signature:	Poll			

F: 800.944.6607

. 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	me of the limited liability company:Hi	tech Truss, LL0	С
2. (a)	No Change	(b)	No Change
2. (11)	Principal office address of limited liability company: (Note: MUST_BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/21/2023		L23000128258
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
(-)	Registered Agent and Registered Office shown on the records of t 1205 Hayes St	the Florida Dept	L. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	Tallahassee, FL_	32301	2024 S.L.G. TALL/
(b)	Cogency Global Inc.		FILED 2024 FEB IS AM IO: 05 SLONG INRY OF STATE ALLAHASSEE, FLORIDA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	115 North Calhoun Street, Suite 4	1	AM IO: 05
	NFW Registered Office Address:		05 IDA
	Tallahassee FL	32301	1
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered ability compa of the limited limited liabil	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
	Greg Brubaker	G	Greg Brubaker Authorized Person
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I leave the properties of this change.	ee to act in the performance of the control of the confirmance of the	nts capacity. I further agree to comply with the of my duties, and I am familiar with and acceptier 605, F.S. Or, if this document is being filed in that the limited liability company has been

Signature of Registered Agent

Timothy Mayville, Assistant Secretary