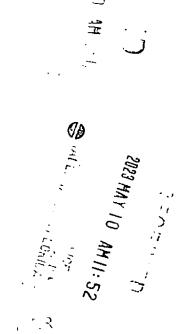
L23000134836

(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street

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CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _

1. Oak

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195				
	REFERENCE	: 720.7471 799507	4			
	AUTHORIZATION	garelle to the same	•			
	COST LIMIT	: \$ 25.00				
ORDER DATE :	May 4, 2023					
ORDER TIME :	8:18 AM					
ORDER NO. :	720747-015					
CUSTOMER NO:	7995074					
CHANGE OF AGENT						
NAME :	MCSWAIN ENGIN	EERING, LLC				
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:				

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. N	ame of the limited liability company: MCSWAIN El	NGINEERIN	NG, LLC	
			b)	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited lia (Note: MAY BE POST OF	
	3320 MCLEMORE DRIVE		P.O. BOX 10888	
	PENSACOLA, FL 32514		PENSACOLA, FL 32524-0888	
	03/23/2023		L23000134836	
3.	Date of filing/registration in Florida	4.	Document number	<u>-</u>
5. (a)				
2. (u)	Registered Agent and Registered Office shown on the records MCSWAIN, RICHARD	of the Florida	a Dept. of State:	20:
	Registered Office Address (MUST BE FLORIDA STREE	· · · · · · · · · · · · · · · · · · ·		23 H
	1405 KINGS ROAD	_	 2023 MAY 10	
	CANTONMENT	FL_32533		
		FL		=
	Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company NEW Registered Office Address:	red Office ad	l <u>dress</u> :	
	1201 Hays Street			
	Tallahassee	FL_32301		
change agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registere liability cons of the lim	ed office and the business office of to ompany, it is hereby confirmed that to tited liability company or as otherwi	he registered the change(s)
/s/Monica Holbrook		Mor	Monica Holbrook, Authorized Person	
-	ature of a member or authorized representative of a member		Printed or typed name of sig	
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	gree to act le performa ded for in C I hereby co	in this capacity. I further agree to ance of my duties, and I am familiar Thapter 605, F.S. Or, if this docume onfirm that the limited liability comp	comply with the with and accept ent is being filed oany has been
	ore of Registered Agent			
Grac	ee E. Kirby. Asst. Vice President			

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