Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (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 ARF ELECTRICAL SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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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.

| L. No | ame of the limited liability company: | AL SERVICES LLO | |
|---|--|---|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 07/13/23 Date of filing/registration in Florida | L23000 | Document number |
| 5. (a) | UNITED STATES CORPORATION AGENTS, INC. | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | 'State: |
| | JACKSONVILLE FL | 32202 | |
| | Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | APERI AN FIL SECRETAN DALLAHASS |
| | 7901 4th St N | _ | |
| | NEW Registered Office Address: STE 300 | | |
| | St. Petersburg , FL | 33702 | |
| the cha agent w was/we | imited liability company is not organized under the law ngc or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | f the registered of ability company of the limited lia limited liability | office and the business office of the registered t, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. |
| Signat | mic of a member or authorized representative of a member | Robin Jones | Printed or typed name of signee |
| I herel provisi the obli to mere natified | by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change. David Roberts - Assistant Section 2. | | ••• |

Signature of Registered Agent