

L24000439199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AEC Electrical Contracting , LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Parker

Name of Person

The Norlee Group

Firm/Company

4600 Touchton Road, Bldg 200, Suite 100

Address

Jacksonville FL 32246

City/State and Zip Code

bethp@norleegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Beaver

443

534-2467

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Name of the limited liability company: AEC Electrical Contracting Inc. LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>7005 Lloyd Road West</u> <u>Jacksonville, FL 32220</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>4600 Touchton Road, Bldg 200, Suite 100</u> <u>Jacksonville FL 32246</u>
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3. <u>10/16/24</u> Date of filing/registration in Florida	4. <u>L24000439199</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Kenntn Wayne Alderman
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7005 Lloyd Road West
Jacksonville, FL 32220

(b) Capitol Corporate Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
515 East Park Avenue, 2nd Floor
Tallahassee, FL 32301

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

MICHAEL BEAVER
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Brian Radecki, Assistant Secretary, on
behalf of Capitol Corporate Services, Inc.