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A. BUTLER AUG 1 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 891474 4371937				
AUTHORIZATION Spelle Man				
COST LIMIT : \$35.00				
ORDER DATE: August 18, 2022				
ORDER TIME : 9:26 AM				
ORDER NO. : 891474-005				
CUSTOMER NO: 4371937				
CHANGE OF AGENT				
NAME: IRVINE MECHANICAL, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker EXT#				
DYAMINDD.				

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orgai or to change its registered office or regist	iized under the laws of the State of <u></u>	FLORIDA
	the corporation: IRVINE MECHANICAL	•	
2. The principal ORLANDO, FL	office address: 1500 N ORANGE BLOS	SOM TR	
· · · · · · · · · · · · · · · · · · ·	address (if different): 221 NW IVANHOE	BLVD ORLANDO, FL 32804	· · ·
	poration/qualification: 07/05/1990		
5. The name and	I street address of the current registered a	agent and registered office on file wit	h the
	IRVINE, ROBERT F.		
	1500 N ORANGE BLOSSOM TRAIL		
	ORLANDO	FL 32804	
The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company		2 AUS CREIL	
	1201 Hays Street		œ 1
P O Box NOT acceptable		Par in	
	Tallahassee	FL 32301	2: 3 E. E. S
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its	registered agent.
Such change wa	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an o	officer so
51-74		Stephen Reynolds, Executive Vic	
Signatu	re of an officer or director	Printed or typed name and titl	
I furthér agrée i of my duties, an document is bei corporation has Corporation	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change in Service Company	utes relative to the proper and com igation of my position as registered ie registered office address. I hereby	plete performance agent. Or, if this v confirm that the
By: Llica Sign	nature of Registered Agent	08/17/2022 Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst Vice President		
T	yped or Printed Name		
	* * * FILING FI	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 3)

CR2E045 (04/13)