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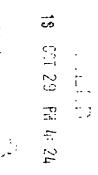
questor's Name)							
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_ Certificates	s of Status						
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Office Use Only



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COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJI	FCT·	Coastal Mechanical Service	es, LLC			
5000		Name of Limited Liability Company				
Dear S	Sir or N	Madam:				
The en	closed	d Registered Agent/Registered Off	Tice Change	and fee(s) are submitted for filing.		
Please	return	all correspondence concerning th	is matter to	the following:		
Chan	ndler (Gingras				
	_	Name of Person				
Coas	stal M	echanical Services				
		Firm/Company				
394 E	East (Orive				
		Address				
Melb	ourne	e, FL 32904				
		City/State and Zip Code				
cging	gras@	coastalmechanical.com				
F	E-mail	address: (to be used for future and	nual report n	notification)		
For fu	rther i	nformation concerning this matter	, please call:	:		
Chan	ıdler (Gingras	321 at (1	541-1348		
		Name of Person	" (Area Code & Daytime Telephone Number		
	Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enc	losed is a check for the following	g amount:			
	U \$:	25 Filing Fee	Ø.	1 \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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: Coastal I	Mechanica	al S	Services, LLC	
2	(a)	Coastal Mechanical Services, LLC		(b)	Coastal Mechanical Se	rvices, LLC
-	(4)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	(0)	Mailing address of limi (<u>Note: MAY BE PO</u>	
		394 East Drive			394 East Drive	
		Melbourne, FL 32904			Melbourne, FL 32904	
		04/29/1999		L	_99000002443	
3.		Date of filing/registration in Florida	4.	-	Document numbe	r
5.	(a)	Venture Management Group, Inc.				
٠,	(u)	Registered Agent and Registered Office shown on the reco	ords of the Flor	ida I	Dept. of State:	
		Venture Management Group, Inc.				18
		Registered Office Address (MUST BE FLORIDA STE		-		
		110 East Dr.				
		Melbourne	, FL 3290)4		107 29 PH 45
		Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address: 394 East Drive	<u>ress</u> :	24		
		J34 Last Dilve				
		Melbourne	_, _{FL} 3290	4		
the age	cha ent w s/we	mited liability company is not organized under tage or changes are made, the Florida street addreillbe identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the re ited liability bers of the l of the limite	gist cor imit d lia	tered office and the business of mpany, it is hereby confirmed ted liability company or as of ability company.	office of the registered I that the change(s)
	,,	are of a member or authorized representative of a member	_ <u>J</u>	effr	rey Geiger	
I l pro the to	ierek ovisie obli mere	by accept the appointment as registered agent an ons of all statutes relative to the proper and come gations of my position as registered agent as privileging to the proper and come gations of my position as registered agent as privileging the registered office address in writing of this change.	nd agree to a aplete perfor ovided for it ess, I hereby	ict i ma n Ci i coi	Printed or typed naming this capacity. I further aggine of my duties, and I am fa hapter 605, F.S. Or, if this differm that the limited liability	ree to comply with the
Sig	gnatur	e of Registered Agent				
		Division of Corporations • 1	P.O. Box 63	27	Tallahassee, FL 32314	

FILING FEE: \$25.00