M03000003334

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/24/2020	
Name:	Merritt Walker	
	#: 1233429	
Entity Name	e:	INSTALLS LLC
		rization to Transact Business
☐ Ame	ndment	
✓ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disse	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	r	
Authorized A	Amount: \$25	
Signature:	Max	

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:INSTALLS	LLC				
2. (i	1)		(b	ı)			
_, (,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		No Change		No	o Change		
		October 3, 2003			M030000	03334	
3.		Date of filing/registration in Florida	4.		Document num	ber	
5. (a)	UNITED CORPORATE SERVICES, INC.					
٠. (•••	Registered Agent and Registered Office shown on the records of	the Florida	Dep	t. of State:		
		9200 SOUTH DADELAND BLVD., SUITE 5		2020			
		Registered Office Address (MUST BE FLORIDA STREET		2020 JULI			
						2	
(b)		MIAMI	33156			វា	
		, FL		,		7	
	COGENCY GLOBAL INC.				9; 2		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			;	2	
		115 North Calhoun St., Suite 4					
		NEW Registered Office Address:					
							
		Tallahassee , FI	,32301				
the cagen was/the a Sign I her proventhe of the means of the sign and	t weirtie	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of cles of organization or the operating agreement of the unit of a member 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, I in writing of this change	f the regis ability co of the lim limited I	itere ited iabil	id office and the busine my, it is hereby confirm liability company or as lity company. Printed or typed in this capacity. I further the	ss office of the registered ned that the change(s) otherwise provided in ame of signee	

Signature of Registered Agent

Tim Mayville, Assistant Secretary