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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:	05/06/2020	
	Chris Vick	
Reference #	4047505	
	GALLO N	MECHANICAL, L.L.C.
	es of Incorporation/Authoriza	
Amen	dment	
✓ Change	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other	<i></i>	
Authorized A	semount. \$25.00	

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

(a)		(b)					
	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 Cha	hange				
	August 14, 2012			M12000004592				
	Date of filing/registration in Florida	4.		Docu	nent ni	ımber		
(a)	CAPITOL CORPORATE SERVICES, INC.							
(11)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept, of Stat	- v:				
	515 EAST PARK AVENUE							
	Registered Office Address (MUST BE FLORIDA STREET)	<u>(DDRESS)</u>	· · · · · · · · · · · · · · · · · · ·	-				
	2ND FL							
	TALLAHASSEE , FL.	32301		-			2020 HAY	
bi	COGENCY GLOBAL INC.					-	AVH	
.,,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	-		٠	2	
	115 North Calhoun St., Suite 4			_		-	VII 3: 04	; -
	<u>NEW</u> Registered Office Address:					<u> </u>): 04	v
	Tallahassee FL	32301		-				
chai nt w /we artic greb greb obli	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or in the case of a Florida limited lia re authorized by an afformative vote of the members of the of organization of the operating agreement of the organization of the operating agreement of the organization as registered agent and agreement of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete in the registered of the address. I have the proper and complete in the registered of the address.	the regis bility con f the limi limited li	ered office npany, it is ted liability ability con	e and the shereby compupany. Printed	oc busing configuration or types	ness off rmed thas other ALL I name of	Tice of the state	the register change(s) provided in

Tim Mayville, Assistant Secretary

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

FILING FEE: \$25.00

Signature of Registered Agent