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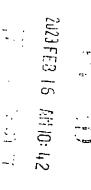
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Office Use Only

**!**!



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A. BUTLER FEB 17 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 497186 8376866

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 14, 2023

ORDER TIME : 1:23 PM

ORDER NO. : 497186-011

CUSTOMER NO: 8376866

CHANGE OF AGENT

NAME: BAS INSTALLATION SERVICES

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

FLORIDA, LLC

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

## 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.	N	ame of the limited liability company:	3AS INSTALL	ATION:	SERVICES	FLORIDA, LLO	C —————	_		
	(a)	2348 Innovation Drive								
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Lexington, KY 40511		_						
		03/05/2014		_	M140000	01484				
3. 5.	(a)	Date of filing/registration in FI C T Corporation System	orida	4.		Document nu	ımber			
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 South Pine Island Road, Suite 800								
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	41.	Plantation	, FI	33324	4 	_	,	2023 FEB	1	
	(b)	Enter name of NEW Registered Agent and/or N	EW Registered	Office a	ddress:	_		3 15		
		Corporation Service Company						AH 10: 42		
		NEW Registered Office Address:				_	<u></u> .	<u>ö</u>	· Version	
		1201 Hays Street			<u> </u>			42		
		Tallahassee	, FL	32301		_				
cha aga wa	ange ent v s/we	imited liability company is not organized or changes are made, the Florida street a vill be identical. Or, in the case of a Florere authorized by an affirmative vote of to cles of organization or the operating agree.	address of the rida limited lia he members o	register ability co of the lin	ed office an ompany, it i nited liabili	nd the business is hereby confi ity company or	office of the of the of the office of the of	ne regis he chan	tered ge(s)	
		II Cilmi		Jill	Cilmi, Auth	orized Person				
S	ignat	ure of a member or authorized representative of a	member			Printed or typed	i name of sign	100		
pro the to t	ovisio obli nere	ny accept the appointment as registered of ons of all statutes relative to the proper of igations of my position as registered age by reflect a change in the registered office I in writing of this chayge.	and complete p nt as provided se address, I h	perform d for in ( iereby c	ance of my Chapter 605 onfirm that	duties, and I a. 5, F.S. Or, if th the limited liai	r agree to o m familiar his docume bility comp	comply with an nt is bet any has	with the d accept ing filed been	
	-,	(li, M Lei		-		Company				
Sig	natu	e of Registered Agent	——— A	mi M. (	Lasper, As	st. Vice Presid	uent			