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FEB 14 1027.
ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 456952 8360133

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 3, 2022

ORDER TIME : 9:54 AM

ORDER NO. : 456952-338

CUSTOMER NO: 8360133

CHANGE OF AGENT

NAME: CCI MECHANICAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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:	CAL, LLC			
2. (a)	111 W. 16th Avenue, Suite 201	(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabili (Note: MAY BE POST OFF)		
	Anchorage, AK 99501				•
	07/30/2014	M1	4000005423		
3.	Date of filing/registration in Florida	4.	Document number	· · · · · ·	
5. (a)	C T Corporation System				
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
				S	28
	Plantation, FI	33324		TALL	1022 FEB 11
				온도	- ;
(b)				S-K	,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres	<u>ş</u> :	SET POF	3
	Corporation Service Company			STAT E, FI.	9: 21
	NEW Registered Office Address:			Lu	•
	1201 Hays Street				
	Tallahassee	32301			
hange gent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the State registered of ability compa of the limited	ffice and the business office only, it is hereby confirmed the liability company or as othe	of the regist at the chang	ercd ge(s)
	II Cilmi		ni, Authorized Person		
	ture of a member or authorized representative of a member		Printed or typed name of	fsignec	
l here provisi he obl o merc potified	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act in the performance of for in Chaphereby confirerporation S	his capacity. I further agree of my duties, and I am famil ter 605, F.S. Or, if this doct m that the limited liability co crvice Company	to comply v liar with and ament is bein ompany has	vith the d accept ng filed been
			er, Asst. Vice President		