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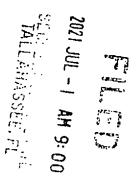
(Requestor's Name)										
(Address)										
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(City/State/Zip/Phone #)										
PICK-UP	☐ WAIT	MAIL								
(Business Entity Name)										
(Document Number)										
Certified Copies	_ Certificates	s of Status								
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Joey Parlamenti joey.parlamenti@cscglobal.com

Date: June 29, 2021

Order#: 877277-004

Re: L2S ENGINEERING, LLC

Enclosed please find:

XX _ Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25.00.

Please take the following action:

XX __ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Joey Parlamenti

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: L2S ENGINEERI	NG, L	LC				
2.	(a)	226 BULLSKIN STREET		(b)	673 POTO	MAC STATION DRIVE #	<i>‡</i> 709	
•	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		CHARLES TOWN, WV 25414	_		LEESBUR	G, VA 20176		
			_					
		11/20/2015		N	A150000094	405		
3.		Date of filing/registration in Florida	4.	_	I.	Document number		
5	(2)	CT CORPORATION SYSTEM						
5. (a	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD			TALL	2021 JUL	*=[*]	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ANSSES	+	faren Sanen etasta	
		PLANTATION , FL	33324	ļ.			AH 9: 00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company	Office :	add	ress:			
		NEW Registered Office Address:		_				
		1201 Hays Street						
		Tallahassee, FL_	32301	l				
cha age wa	inge ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of the li imited	con imi I lia	l office and npany, it is ted liability ability comp	the business office of the hereby confirmed that th company or as otherwise bany.	e regis e char	itered ige(s)
		Jee E. Whee	Jii	II C		ized Person		_
	•	ure of a member or authorized representative of a member				Printed or typed name of signs		
pro the to i	ovisi obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided thy reflect a change in the registered office address, I ha I in writing of this change.	rertori	$m\alpha$	ace of my di	uties, and Lam tamunar v	vith ar	id accept
Sig	natu	nace CKNDI						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00