Division of Corporations



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To: Division of Corporations Fax Number (350) 617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 (614)280+3338 Fax Number Phone : (954)208-0945 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* 2019 MAY 20 AM 10: Email Address:\_\_\_\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERCLEAN EQUIPMENT, LLC ر کیا Certificate of Status Certified Copy 02 Page Count

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\$55.00

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\cdots$ .

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  709 James I. Hart Pkwy 709 James I. Hart Pkwy  Ypsilanti, MI 48197  102/28/2017  102/28/2017  102/28/2017  102/28/2017  103/28/2017  104/28/2017  105/28/2017  105/28/2017  106/28/2017  107/28/2017  108/28/2017  109/28				(b)		- <u></u>
709 James I. Hart Pkwy  Ypsilanti, MI 48197  O2/28/2017  Date of filling/registration in Florida  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  REGISTERED AGENTS, INC.  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  7901 4TH STREET NORTH SUITE 300  ST.PETERSBURG,  FL. 33702  C T Corporation System  NEW Registered Office Address:  1200 South Pine Island Road	` .	Principal office address of limited liability company:			Mailing address of lin	nited liability company:
Ypsilanti, MI 48197  O2/28/2017  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  REGISTERED AGENTS, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  7901 4TH STREET NORTH SUITE 300  ST. PETERSBURG, FL. 33702  Enter name of NEW Registered Agent and/or NEW Registered Office address:  C T Corporation System  NEW Registered Office Address:  1200 South Pine Island Road				709 James		
Date of filing/registration in Florida 4. Document number  (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  REGISTERED AGENTS, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  7901 4TH STREET NORTH SUITE 300  ST.PETERSBURG, FIL 33702  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  C T Corporation System  NEW Registered Office Address:  1200 South Pine Island Road		V-D-wi hal as 107				<u>, , , , , , , , , , , , , , , , , , , </u>
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1200 South Pine Island Road		C T Corporation System				
		NEW Registered Office Address:			_	7: 2
Plantation , FL 33324		1200 South Pine Island Road			_	7
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the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after					<del>-</del>	
		ere authorized by an affirmative vote of the members	af the li	mited liabili	ty company or as o	otherwise provided in
gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a strictes of organization or the operating agreement of the limited liability company.	14/w	All A			Ens Max	r.s
as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a reticles of preanization or the operating agreement of the limited liability company.	14/w	111-1: 21/1/24			Deigrand or bypout new	ne of signer
as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a articles of organization or the operating agreement of the limited liability company.    Vi	as/we e arti Signa	ture of a member or authorized representative of a member	_		Frince or typed than	- '
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of preanization or the operating agreement of the limited liability company.	as/we e arti Signa	turfolds member or authorized representative of a member by accept the appointment as registered agent and us ons of all statutes relative to the proper and complete	gree to a le perfori	ct in this cap mance of my	pacity. I further as duties, and I am f	ree to comply with amiliar with and a

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