

M17000008919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **March 11, 2021**

Account#: I200000000088

Name: **Ian Reilly**

Reference #: **1338956**

Entity Name: **WH MECHANICAL CONTRACTING, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$25.00**

Signature: *Ian Reilly*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WH Mechanical Contracting, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lidia Bakun

Name of Person

WH Mechanical Contracting, LLC

Firm/Company

7000 Peachtree Dunwoody, RD, NE Bldg 7 , Suite 200

Address

Atlanta, GA 30328

City/State and Zip Code

lidiab@tmr-llc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lidia Bakun

Name of Person

at (678) 739-0100 Ext 2338

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: WH Mechanical Contracting, LLC

2. (a) Peachtree Dunwoody RD NE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Bldg 15 , Suite 300

Atlanta, GA 30328

(b) Peachtree Dunwoody RD NE

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Bldg 7 , Suite 200

Atlanta, GA 30328

02/03/2021

3. Date of filing/registration in Florida

M17000008919

4. Document number

5. (a) Sosnovsky Vladimir

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 South Point Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TH-06

Miami Beach, FL 33139

(b) COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Lidia Bakun
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jonathan Beenick ASSISTANT SECRETARY
Signature of Registered Agent

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