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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Excel Mechanical LLC SUBJECT:

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:

Roger W Lewis

Name of Person

Excel Mechanical LLC

Firm/Company

11044 N Felt Terrace

Address

Dunnellon FL 34433-2831

City/State and Zip Code

roger.lewis.63@gmail.com

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

For further information concerning this matter, please call:

412-1659 \_)\_\_\_\_ 843 Roger W Lewis at (\_\_\_\_\_ Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS:

(OVER)

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

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

Enclosed is a check for the following amount:

S25 Filing Fee (V #: 10266) S55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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: Excel Mecha	nical Ll	_C				
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	11044 N Felt Terrace		1 <b>1</b> 044 N	Felt Terrace			
	Dunnellon FL 34433-2831						
	10/23/2018						
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	)						
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	-			
	Cheyenne K Columbo						
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>\$7</u>	-			
	1941 E Celina St						
	Inverness Fi	_34453		-	SEC	2019	
(b)				_	AHA	81 AON 6102	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	Idress:		SSE		1
	Roger W Lewis				E P S	AM 11: 03	
	NEW Registered Office Address:			-	DRI IAT	1:0	
	11044 N Feit Terrace				D.H	ລັ	
	Dunnellon, FL	_34433					
the cha agent <sup>a</sup> was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the f the regi ability c of the lin limited	e State of Fle stered office ompany, it is nited liability	e and the business of s hereby confirmed t y company or as othe pany.	fice of the	e registe tange(s)	ered )
Signe	ALL CLASS - MEMAEN sture of a member or authorized representative of a member			Printed or typed name of	of signee		<b></b>

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.

Ĺ 1 01.1 Signature of Registered Agent

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

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