M19000006211

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 759196 8410210
AUTHORIZATION: will be to a
COST LIMIT : \$25.00
ORDER DATE: May 19, 2023
ORDER TIME : 10:07 AM
ORDER NO. : 759196-003
CUSTOMER NO: 8410210
CHANGE OF AGENT
NAME: GREAT AMERICAN WELDING COMPANY, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
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.

2. (a)		(b)				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	100 MAGNOLIA RD. SUITE 2207		100 MAGNOL	IA RD. SUITE 220	7		
	PINEHURST, NC 28374	_	PINEHURST,	NC 28374			
	06/26/2019		M19000006211	I			
3.	Date of filing/registration in Florida	4.	Doc	rument number			
5. (a)	Registered Agent and Registered Office shown on the records of						
		of the Floric	la Dept. of State:				
	URS AGENTS, LLC						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>S)</u>	1	6~3		
	3458 LAKESHORE DR.			7	193		
	TALLAHASSEE F	L_32312		1:₩		CTMARK !!	
			····	منه چ_م	9	1	
(b)				- / / - 	7	m	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	<u>idress</u> :	in or	5		
	Corporation Service Company			بر جر ہ	28		
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee F	L_32301					
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the e register iability of of the lir	ed office and the ompany, it is here nited liability con	business office of eby confirmed that npany or as otherw	the regi: the char	stered nge(s)	
	Slaine MacDonald		ine MacDonald, I	•			
	ture of a member or authorized representative of a member			ited or typed name of si	gnee		
provisi the obl to mere	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, l d'in writing of this change.	e perform ed for in s	ance of my duties Chapter 605, F.S.	s, ànd I am familia L. Or. if this docum	r with a ent is be	nd accept viny filed	

Signature of Registered Agent Grace E. Kirby, Asst. Vice President

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