Division of Corporations



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To:					
	Division of Cor	porations	- 1		
	Fax Number	: (850)617-6383	2021 3.2		
From:			21 JAN -4 AM	٦Ţ-	
		: REGISTERED AGENTS INC.	x		
	Account Number	: 120090000081		1	
	Phone	: (307)200-2803		: 6221 ⁹⁴]	
	Fax Number	: (855)330-1010	AM	55	
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**Enter the e	mail address for	this business entity to be used for	future 🔿		
annual	report mailings.	Enter only one email address please	.** <u>m</u> ; ω		
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LLC REGISTERED AGENT CHANGE RSM ELECTRIC, LLC

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Page Count	02
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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		ectric, LLC		
2. (a)	100 BELLOWS STREET #15	(b) 100 E	BELLOWS STREET #15	
2. (u)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
	WARWICK, RI 02888	WAR	WICK, RI 02888	
	11/02/2020	 M2000	00010071	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	MATTHEW RITCHOTTE			
J. (4)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of S	itale:	
	1602 FOXBORO DRIVE		202	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	TALLANA	
	ORLANDO,	_{FL} 32812		
(b)	Registered Agents Inc.		- ⁶ H 9:03	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:		
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	_{FL} 33702		
the cha agent v was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of t	of the registered of liability company, s of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
2:0	ma tark	Riley Park		
Signa	ature of a member or authorized representative of a member		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.

Sel 1 Bill Havre - Assistant Secretary --

Signature of Registered Agent

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