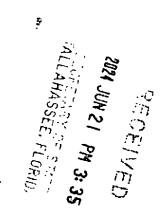
M21000004713

i
(Requestor's Name)
. (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
٠٠ ١٠٠٠ ١٠٠٠
er e
Office Use Only



100431179841

FILED
2024 JUN 21 AM 9: 47



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 502282 8453092								
AUTHORIZATION Smelle man								
COST LIMIT : \$ 25.00								
ORDER DATE : June 17, 2024								
ORDER TIME : 11:09 AM								
ORDER NO. : 502282-006								
CUSTOMER NO: 8453092								
CHANGE OF AGENT								
NAME: FLOW SERVICE PARTNERS FLORIDA OP-CO LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Amanda Miller								
EXAMINER'S INTITIALS.								

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	ame of the limited liability company: FLOW SERVIC	E PART	NE	RS FLOR	RIDA OP-CO	LLC	_	
2. (a)	5012 US Hwy 41 North	(b)	PO Box	1918			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		٠,		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	Palmetto, FL 34221		-	Mt Juliet,	TN 37121			
	04/20/2021		1	M2100000	04713			
3.	Date of filing/registration in Florida	4.			Document nu	umber	_	
5. (a) (b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				te:			
	1200 SOUTH PINE ISLAND ROAD		27			5,	20	
	PLANTATION .FI	33324			_	2024 JUN 2		-
	Enter name of NEW Registered Agent and/or NEW Registered Of Corporation Service Company			ress:		SSEE, FLORIDA	A	
	NEW Registered Office Address:				_	A		
	1201 Hays Street	_						
	Tallahassee , FL	32301			_			
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin limited	ed om nite lia	office and pany, it is ed liability bility con	d the business s hereby confi y company or npany.	s office of the frmed that the as otherwise	ne regis ne char	stered age(s)
	PETRA RADOVA	PE'	TR —	A RADO	VA, MANAGE			
l herei provisi he obl	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I l d in writing of this change.	ee to act perform d for in C hereby co	t ù an Ch on	this cape ce of my c apter 605 firm that t	Printed or type acity. I furthe duties, and I c 5, F.S. Or, if t the limited lia	er agree to c	omnly	with the id accept ing filed s been
Signatu	Te of Registered Agent GRACE E. KIRBY, ASS	T. VICE	. Pl	RESIDEN	VT			

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