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800418013358



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

CHANGE OF AGENT

NAME: IRONHOUSE ENGINEERING, 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.

ame of the limited liability company:	GINEE	KING, LLC	
2. (a) 299 RIVER RD		708 BLAIR MILL RD	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
LEWISTON, ME 04240	- -	WILLOW	GROVE, PA 19090
07/07/2022		M2200001	0463
Date of filing/registration in Florida	4.		Document number
C T CORPORATION SYSTEM			
Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	e Florida	Dept. of State	· ::
Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2	
PLANTATION FL	33324		
Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	office ad	<u>Iress</u> :	
NEW Registered Office Address:			
1201 Hays Street			
Tallahassee	32301		
or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable and the reason of the members of cless of organization or the operating agreement of the liable ture of a member or authorized representative of a member by accept the appointment as registered agent and agreed ons of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address. The	egistere ility con the lim mited li JILL	d office and mpany, it is ited liability ability compounds of the compound of	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. THORIZED PERSON Printed or typed name of signce city. I further agree to comply with the
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LEWISTON, ME 04240 07/07/2022 Date of filing/registration in Florida C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD Registered Office Address [MUST BE FLORIDA STREET ADDREST ADDR	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LEWISTON, ME 04240 07/07/2022 Date of filing/registration in Florida 4. C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) PLANTATION .FL 33324 Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street Tallahassee .FL 32301 imited liability company is not organized under the laws of the or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability corrected forganization or the operating agreement of the limited is organized by an affirmative vote of the members of the limited is organization or the operating agreement of the limited is organization or the operating agreement of the limited by obscept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performating ations of my position as registered agent and agree to act ons of all statutes relative to the proper and complete performating ations of my position as registered agent as provided for in Civer Peter a change in this registered agent as provided for in Civer Peter a change in this registered agent as provided for in Civer Peter a change in this registered agent as provided for in Civer Peter a change in this registered agent as provided for in Civer Peter a change in the registered agent as provided for in Civer Peter a change in the registered agent as provided for in Civer Peter a change in the registered agent as provided for in Civer Peter and Civer Peter a change in the registered agent as provided for in Civer Peter and Civer Peter Peter Agent and Civer Peter Peter Agent and Civer Peter P	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LEWISTON, ME 04240 WILLOW 07/07/2022 M2200001 Date of filing/registration in Florida C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) PLANTATION FL 33324 Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company NEW Registered Office Address: 1201 Hays Street Tallahassee FL Tallahassee FL 32301 FL 32301 Tallahassee FL JULL CILMI, AU JULE Office of my position as registered agent and complete performance of my digistions of my position as registered agent and complete performance of my digistions of my position as registered agent as provided for in Chapter 605, by registered changes in the registered agent as provided for in Chapter 605, by reflect a change in the registered agent as provided for in Chapter 605, by registered and agrees to act in this capa of my position as registered agent as provided for in Chapter 605, by registered a change in the registered agent as provided for in Chapter 605, by registered address. Thereby confirm that in the registered affice and address. Thereby confirm that in the registered office address.