M23 0000 ((100

(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:								

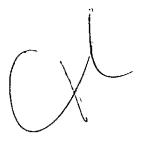
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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	Southern Welding, LLC			
		lame of Limit	ted Liability Company	
Dear Sir	or Madam:			
The encl	losed Registered Agent/Registered (Office Change	e and fec(s) are submitted for filing.	
Please re	eturn all correspondence concerning	this matter to	the following:	
	Cindy Williams			
	-		 , 5	a a
	Name of Person		- * T) 正
	Harbor Compliance			2
	Firm/Company			2
	1830 Colonial Village La	ne	TALL AHAS SEEFL	2001. HAY -2 AH 8: 19
	Address			19
	Lancaster, PA 17601			
_	City/State and Zip Code	3		
	professional@harborcomplianc	e.com		
E-1	mail address: (to be used for future a	innual report i	notification)	
For furth	ner information concerning this matt	er, please call	l:	
Cindy W	Villiams	717 at (844-9912	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the followi	ng amount:		
	■ \$25 Filing Fee	Ū	□ \$55 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	Name of the limited liability company:	ing, LLC		_			
2. (a)	2001 South St	(b)	PO Box 958	PO Box 958 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/					
	Leesburg, FL 34748		Waxahachie, T	-			
	08/02/2023		M23000011100				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	CAPITOL CORPORATE SERVICES,INC.						
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:				
	CAPITOL CORPORATE SERVICES, INC.						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)					
	515 EAST PARK AVE,2ND FLOOR						
	TALLAHASSEE, I	32301 FL					
(b)	Registered Agents Inc.				2021 H V A		
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:			五 D ~		
	Registered Agents Inc		:	AHAS>TS	1-2		
	NEW Registered Office Address:				K	4 9 9	
	7901 4th St N Ste 300				_ ⇔		
	St. Petersburg	33702 FL		;	9		
chang agent was/w	limited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the second street of the se	he registered offi liability compan s of the limited li	ice and the business office y, it is hereby confirmed the isolated to a solution or as other	of the re	gister nange(ed (s)	
Sign	ature of a member or authorized representative of a member	·	Printed or typed name of	of signee			
I here provis the ob to mei notific	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed igentions of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to act in thi te performance o led for in Chapte I hereby confirm	is capacity. I further agree of my duties, and I am fami or 605, F.S. Or, if this doc or that the limited liability c	e to comp iliar with ument is ompany	oly wit and a being has be	h the accept filed een	
Signat	ure of Registered Agent						