## M23000014181

(Requestor's Name)						
(Address)						
(Address)						
(City/Chara (7): (Dhara 4)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/26/2024	_	₩ALK IN**
ENTITY NAME RMR N	fechanical LLC	<u></u> .
ENTITY WAR		
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN	**
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE I Certified Copy of Arts & Amendments Certificate of Good Standing	ENTTTY**
COUNTRY OF DESTINA NUMBER OF CERTIFICA	**APOSTILLE' / NOTARIAL CERTIFICATION	y**
TOTAL OWED \$25	ACCOUNT #: I	
Please call Tina at i	the above number for any issues or concerns,	•

## **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT:	RMR MECHANICAL, LLC		
		Name of Limited I	Liability Company
Dear Sir or i	Madam:		
The enclose	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return	n all correspondence concernin	g this matter to the	following:
Jeff Maronn			
	Name of Person		<del></del>
Harbor Comp	pliance		
	Firm/Company		<u> </u>
1830 Colonia	al Village Lane		
	Address		<del></del>
Lancaster, PA	A 17601		
	City/State and Zip Co-	de	<u> </u>
jmaronn@ha	rborcompliance.com		
E-mail	address: (to be used for future	annual report noti	fication)
For further i	nformation concerning this ma	tter, please call:	
Jeff Maronn		717 at (	940-7566
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: distration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ving amount:	
<b>□</b> \$.	25 Filing Fee	C) S	55 Filing Fee & Certified Copy
INHS18 (2/14	<b>1</b> )		

## 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.

i. Na	nme of the limited liability company: RMR MECHAN	IICAL, LI	LC	.C
2. (a)	4665 Church Rd.	(	b)	PO Box 170
(/ .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cumming, GA 30028			Cumming, GA 30028
	11/06/2023			M23000014181
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number
J. (u)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Floric	ia l	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Plantation , Fl	L_33324_		ANG 26 AM S LAHASSEE-FI
(b)	Registered Agents Inc			mo z
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			AM 9: 43
	NEW Registered Office Address:			
	7901 4th St N Ste 300			<del> </del>
	St. Petersburg , F	L_33702		
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the SI Jenny Joyce	ws of the register lability confitted in the limited	rec on ni lia	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I in writing of this change.	ree to ac perform d for in hereby c	t i tai Ci or	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
t	pavid Roberts			
Signatu	re of Registered Agent			