

12400000 1175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

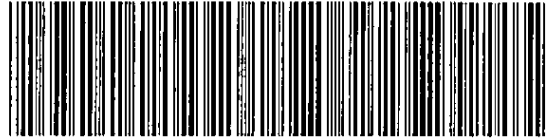
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR - 1 2024

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RECEIVED
2024 FEB 29 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
24 FEB 29 AM 9:14
J. HORNE



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 02/29/24
Order #: 1440750-1
Re: Shamrock Plumbing And Drain Cleaning, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
Check in the amount of: \$25.00
I20000000195
AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shamrock Plumbing and Drain Cleaning, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jared D. Berklee

Name of Person

Ice Miller LLP

Firm/Company

1500 Broadway, Suite 2900

Address

New York, NY 10036

City/State and Zip Code

elie.azar@whitewolfcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jared D. Berklee at (212) 824-4975

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Shamrock Plumbing and Drain Cleaning, LLC
2. (a) 501 Brickell Key Drive
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 104
Miami, FL 33131
01/31/2024
- (b) 501 Brickell Key Drive
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 104
Miami, FL 33131
M24000001175
3. 01/31/2024 Date of filing/registration in Florida
4. M24000001175 Document number
5. (a) API PROCESSING - LICENSING, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3419 GALT OCEAN DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE A
FORT LAUDERDALE, FL 33308
- (b) Corporation Service Company
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1201 Hays Street
NEW Registered Office Address:
Tallahassee, FL 32301

24 FEB 29 AM 9:14
STATE OF FLORIDA
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Elie P. Azar

Signature of a member or authorized representative of a member

Elie P. Azar - President

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.

Am

Signature of Registered Agent

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elie.azar@whitewolfcapital.com

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