## M23000000935

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:(	02/02/2024	
Name:	Patrice Rush	•
Reference #:	2244681	-
Entity Name:	CARMICHAEL	ENGINEERING, LLC
Articles	s of Incorporation/Authorization	o Transact Business
Ameno	dment	
Chang	e of Agent	
Reinsta	atement	
☐ Conve	rsion	
☐ Merge	r	
☐ Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized Ar	mount: \$25.00	
Signature:	(Prof	

F: 800.944.6607

F: +852.2682.9790

## 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	ame of the limited liability company:CAF	RMICHAEL	ENGIN	EERING, L	.LC	******
2. (a)		(b) _				
(u)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany:	Maili	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	No Change		No Change			
	January 5, 2023		M230	000000935		
3.	Date of filing/registration in Florida	4.	Do	cument number		
5. (a	REGISTERED AGENTS INC					
J. (a.	Registered Agent and Registered Office shown on the re	ecords of the Florida D	ept, of State:			
	7901 4TH ST N STE 300					
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)				
	ST. PETERSBURG	, <sub>FL_</sub> 33702		TALLAHÁSSEE. FLORIDI	2024 FEB	· .
(b)	COGENCY GLOBAL INC.			HASS	B -2	;
	Enter name of NEW Registered Agent and/or NEW R	legistered Office addr	ESS;		2	
	115 North Calhoun St., Suite 4			FLoRI	AM 10: 14	,
	NEW Registered Office Address:			ÕA	£	
	Tallahassee	, <sub>FL</sub> 32301				
the chagent was/w	limited liability company is not organized under ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida liter were authorized by an affirmative vote of the medicles of organization or the operating agreement	Idress of the registe imited liability con- embers of the limite	ered office and apany, it is he ed liability co	d the business offi reby confirmed the ompany or as other	ice of th at the c	ne registered hange(s)
/s/ B	enjamin Butterfield	Benjar	min Butterfi	ield		
Sign	ature of a member or authorized representative of a memb	er	Pri	nted or typed name of	signce	
provis the ob to met	eby accept the appointment as registered agent tions of all statutes relative to the proper and c digations of my position as registered agent as rely reflect a change in the registered office add and in writing of this change.	and agree to act in omplete performan provided for in Ch dress, I hereby con	n this capacit ace of my duti apter 605, F. firm that the	y. I further agree es, and I am famil S. Or, if this doci limited liability co	to compliar with iment is impany	ply with the and accept being filed has been

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

/s/ Tim Mayville
Signature of Registered Agent