## B03000000135

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

Office Use Only



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APR 28 2015

T. BROWN



CSC - WILMINGTON Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: April 13, 2015

Order#: 574099-006

Re: U.S. BUILDERS, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	U.S. BUILD	ERS, L.P.			
Na	me of Limited Partnership or Lim	ited Liability Lin	nited Partners	ship	
2. 04	04/14/2003		B0300000135		
Date of filing/registration in Florida		- I	Florida document number		
4. The name of the re Department of State:	gistered agent and the registered	office address as s	shown on the	e records of the Florida	
	CTCORPORAT	TON SYSTEM	Λ		
	Nan	ne		•	
	1200 SOUTH PINE ISLAND ROAD				
	Addr	ess			
	PLANTATION	FL	33324	<del>ار</del> الله الله الله الله الله الله الله الل	
City, State and Zip					
5. The name and Flor	ida street address of the new regi	stered agent and/o	or office:	ंद्री ज	
	Corporation Sen	ice Company	,		
	Nam	ne		ELON PLON	
1201 Hays Street					
Florida street address (P.O. Box not acceptable)					
	Tallahassee	FL_	32301		
	City, State	and Zip			
6. Such change(s) is/a	re effective when filed by the Flo	orida Department (	of State.		
Signature of General F	Partner Dona Priebe, Authorized Pe	rson on behalf of U	SBI Managem	ent LLC, its gp	
I hereby accept the ap comply with the provis	pointment as registered agent and sions of all statutes relative to the an accept the obligations of my poin Service Company	d agree to act in t proper and comp position as registe	his capacity. olete perform	I further agree to	
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50				