Division of Corporations E07000

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing s	ing so will generate another cover sheet.		6	
To:					
	Division of Corporations			76 % NO T	
	Fax Number	: (850)617-6380		4-	
From:					
	Account Name	: REGISTERED AGENT	SOLUTIONS INC	.	
	Account Number	: I20100000062		.	
	Phone	: (888)705-7274		∴ in the second of the second	
	Fax Number	: (888)706-7274			

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: 기술 다

REGISTERED AGENT CHANGE D.H. GRIFFIN CONTRACTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TO: Amendment Section Division of Corporations

D.H. GRIFFIN CONTRACTING, INC.

Name of Corporation

DOCUMENT NUMBER: F10000004343

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Mary Castillo

Registered Agent Solutions, Inc.

Firm/Company

Name of Contact Person

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (

Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

06/30/18 10:11AM PDT Registered Agent Solutions, inc. \rightarrow Florida SOS 06176380 Pg 3/3

FLH18000193412 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NORTH CAROLINA in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: D.H. GRIFFIN CONTRACTING, INC.	
2. The principal office address: 4716 HILLTOP ROAD	
GREENSBORO, NC 27416	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/29/2010 Document number: F10000004343	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	
TALLAHASSEE, FL 32301-2525	į
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ヿ フ
Registered Agent Solutions, Inc.	
155 Office Plaza Dr., Suite A	
P.O. Box NOT acceptable Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
/s/ David H. Griffin. Lr., David H. Griffin, Jr., President Signature of an officer or director Printed or typed name and title	
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. 06/30/2018	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Justine Karnell - Assistant Secretary	
Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *