

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Odom Construction Systems, 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:

Melinda O. Sands
Name of Person

Odom Construction Systems, LLC
Firm/Company

P.O. Box 20146
Address

Knoxville, TN 37940
City/State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Sands at (865) 579-5015
Name of Person Area Code & Daytime Telephone Number

FILED
APR 28 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Odom Construction Systems, LLC

2. (a) 1430 Island Home Ave. (b) PO Box 20146
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
Knoxville, TN 37920 Knoxville, TN 37940

3. 09/20/2016 4. L16000180581
 Date of filing/registration in Florida Document number

5. (a) NARDI, JEFF
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1028 Isle Of Palms Dr.
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Fernandina Beach, FL 32034

(b) InCorp Services, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
17888 67th Court North
NEW Registered Office Address:
Loxahatchee, FL 33470
Loxahatchee, FL 33470

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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.

Melinda O. Sands Melinda O. Sands
 Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Jackie DeFilippis Jackie DeFilippis on behalf of InCorp Services, Inc.
 Signature of Registered Agent

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