## M03000001077

(Re	questor's Name)				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: October 30, 2014

Order#: 349927-041

Re: HATCH MOTT MACDONALD OPERATING SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Janis M. Smith

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

## 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.	Na	me of the limited liability company: HATCH MOTT M	IACDONALD C	PERATING SERVICES, LLC
2	(a)	111 WOOD AVENUE SOUTH	(b)	
2.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0) <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		ISELIN N. 08830-4112	-	
		04/02/2003	M030	00001077
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T CORPORATION SYSTEM		
٦.	(a)	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of	State:
		1200 SOUTH PINE ISLAND ROAD	-	
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	<del></del> -
				<del></del>
		PLANTATION ,FL_	33324	Dren -
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	سسو ا آرائی پرکاری س
				STORY TO SEE
		1201 Hays Street		414(1) pag
		NEW Registered Office Address:		
		Tallahassee Fr.	22201	
		- Jalianassee, FL_	32301	<del></del>
the ag	e cha ent v is/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered of pility company, the limited liab mited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
	Signar	of a muster or authorized representative of a member	Dona Priebe	e, Authorized Person  Printed or typed name of signee
I i pro the to	ovisi obl mere	by accept the appointment as registered agent and agree on a first statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	e to act in this erformance of for in Chapter ereby confirm to	canacity. I further agree to comply with the
Si	gnatu	re of Registered Agent Corporation Service Company	BY: Grace E.	. Kirby, Assistant Vice President

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