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☐ WAIT	MAIL		
(Business Entity Name)			
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Certificate	s of Status		
Special Instructions to Filing Officer:			
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B. BOSTICK

DEC 1 2 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 446,716

7911990

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: December 5, 2012

ORDER TIME : 10:12 AM

ORDER NO. : 446716-002

CUSTOMER NO: 7911990

CHANGE OF AGENT

NAME:

MAVID CONSTRUCTION SERVICES,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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	ame of the limited liability company: MAVID CONS	STRUCTION SERVICES, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Suite A	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	-Green Bay, WI 54303	
02/2	6/2009	M0900000846	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
	Registered Agent:	NRAI Services, Inc.	
	Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301	
		- P	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	ļ.
	NEW Registered Agent:	Corporation Service Company	1
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	j
	MIOSI BUT LONIDII STABEL MORLESS	Tallahassee ,FL 32301N	
that a office hereb liabil:	limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a diability company.	address of the registered office and the business se of a Florida limited liability company, it is	
Maur (Printe	reen Cathell, Authorized Person d or typed name of signee)	-	
I her comp am fa F.S. confi	eby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position of Or, if this document is being filed to merely reflect a c rm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and as registered agent as provided for in Chapter 60 hange in the registered office address, I hereby in writing of this change.	I)8,
By:	S (4)		
COLETIC	ture of Region Corporation Service Company Division of Corporations, P.O. Box	Sylvia Queppet, Asst. Vice President 6327, Tallahassee, FL, 32314	
	Division of Corporations, 1.O. Dox	uvarg i allallasseeg i ili väditt	

FILING FEE: \$25.00

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