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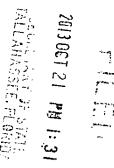
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
OCT 25 2013			
A. LUNY			

Office Use Only



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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: Alex Smetana

Date: October 18, 2013

Order#: 846338-006

Re: SUMMIT INDUSTRIAL CONSTRUCTION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Alex Smetana

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

CALLANASSEE FLASE

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	me of the limited liability company: SUMMIT INDUS	TRIAL CONSTRUCTION, LL	С
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 12725 Morris Road #100 Alpharetta, GA 30004	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/20/2011	M11000004739	
3. Da	te of filing/registration in Florida	4. Document number	2813
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida D	 .
	Registered Agent:	C T Corporation System	<u>36 ≥</u>
	Registered Office Address:	1200 South Pine Island Roa Plantation, FL 33324	ad. The second s
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addr	ess:
	NEW Registered Agent:	Corporation Service Company	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
		Tallahassee	,FL <u>32301</u>
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the Fee business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	lorida street address of the	registered office
	Priebe, Vice President	 -	
I here compl and I: Chapt addre. By:	or typed name of signee by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, thereby confirm that the limited liability compan the of Registered Agent Corporation Service Company	gree to act in this capacity, oper and complete perform sition as registered agent a rely reflect a change in the whas been notified in writing Grace E. Kirby, Asst VP	. I further agree to ance of my duties, is provided for in registered office ng of this change.

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

INHS18 (05/08)