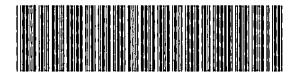
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(Requestor's Name)				
(Ad	dress)			
(Address)				
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	-:-·- <u>-</u> .			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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,	,	,		
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Certified Copies Certificates of Status				
Special Instructions to	Filina Officer			
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Office Use Only



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HAY -1 PHIZ: 01

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. 1	Name of the limited liability company: BIG JOHNSON	CONSTR	RUCTION, LLC	
2. (a) 138 WEST ST.	(b)	P.O. Box 1128	
2. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability (Note: MAY BE POST OFFIC	
	FORT MORGAN, CO 80701	_	FORT MORGAN, CO 80701	
	09/16/2014		M14000006682	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	a) INCORP SERVICES, INC.			
(Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:	
	17888 67TH COURT NORTH			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	 }	
				:28
	LOXAHATCHEE . FI	. 33470	LAHAS	T = AW BIG
(b	Corporation Service Company			_
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	Iress:	E D
	1201 Hays Street			5
	NEW Registered Office Address:			
	Tallahassee . FL	32301		
the cl agent was/v	e limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the register ability come of the limited limited lia	tered office and the business office of mpany, it is hereby confirmed that the ited liability company or as otherwise p	the registered change(s)
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and agrished statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change.	ree to act in performan d for in Ch hereby con	in this capacity. I further agree to con ince of my duties, and I am familiar wi hapter 605, F.S. Or, if this document infirm that the limited liability compan	nply with the th and accept is being filed y has been
Signa	ture of Registered Agent Corporation Service Company	BY: Gra	race E. Kirby, Assistant Vice Presid	ent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00