Division of Corporations **Electronic Filing Cover Sheet**

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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.

L No	une of the limited liability company: Pae-Perini LLC					
2. (a)	7799 Leesburg Pike		(b) 7799 Leesburg Pike			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)		
	Suite 300 North		Suite 300 North			
	Falls Church, VA 22043		Falls Chur	reh, VA 22043		
	8/10/2015		M15000006	316		
ì.	Date of filing/registration in Florida	 4.		Document number	•	
5. (a)	Corporation Service Company					
). Ta)	Registered Agent and Registered Office shown on the records of	Tthe Florida	Dept. of State	- e·		
	1201 Hays Street					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	_		
	TALLAHASSEE	32301		_	ZOZZ DEC	
(b)	C.T.Corporation System				11.03()	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_		
					AM 11: 2	
	NEW Registered Office Address;	_	27			
	1200 South Pine Island Road			_		
	Plantation . Fl	33324				
he cha igent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited hiere authorized by an affirmative vote of the members of else of organization or the operating agreement of the	f the regis lability co of the lim	stered office impany, it is lited liabilit	e and the business of s hereby confirmed by company or as of	office of the registered that the change(s)	
ريي.	Section 1	JOE	DAVIS, Ma	•		
Signat	ture of a member or authorized representative of a member			Printed or typed name	al signee	
provisi he obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered affice address, I fin writing of this change.	ed for in (hereby co	in this cap ance of my Thapter 60, infirm that	acity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability	we to comply with the miliar with and accept ocument is being filed company has been	
کری کریم بیزو	Alfred Youn	an				
Signatu	Of Registered Agent Assistant Secr	etary	/			

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