Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for fundire annual report mailings. Enter only one email address please. **!

Email Address:

LLC REGISTERED AGENT CHANGE ABB SUBSTATIONS CONTRACTING (US) LLC

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|-----------------------|---------|
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(i)

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.

| (a) | 305 GREGSON DR | | (b) 305 GREGSON DR | | |
|--|--|--|---|--|--|
| | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) CARY, NC 27511 | | ., | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) NC 27511 |
| | 04/26/2018 | | _ | | |
| | Date of filing/registration in Florida | | M18 | 80000 | 004082 |
| (a) | C T CORDORATION SYSTEM | 4. | | | Document number |
| (4) | Registered Agent and Registered Office shown on the rooms | is of the Flori | da Dept | . of State | – ¢: |
| | Registered Office Address (MUST BE FLORIDA STRE | ETADDRE | <u>SS)</u> | | _ |
| | PLANTATION | 3332 | 4 | | - |
| | | | | | |
| h) | Corporate Creations Network Inc. | | | | |
| b) | Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Regist | ered Office a | iddress: | | |
| p) | | ered Office s | iddress: | | 19 JA |
| b) | Enter name of NEW Registered Agent and/or NEW Regist | ered Office a | ddress: | | 19 JAN - 9 |
| b) | Enter name of NEW Registered Agent and/or NEW Regist | ered Office a | | | JAR-9 AN 8: |
| c li tha www. | Enter name of NEW Registered Agent and/or NEW Regist 11380 Prosperity Farms Road #221E NEW Registered Office Address: | FL 33410 e laws of the s of the reg d liability of the limited | o State | of Fice l office by, it is iability ty con | orida, it is hereby confirmed that after and the business office of the registers hereby confirmed that the change(s) y company or as otherwise provided in inpany. |
| e li cha we | Enter name of NEW Registered Agent and/or NEW Registered 11380 Prosperity Farms Road #221E NEW Registered Office Address: Palm Beach Gardens mited liability company is not organized under the ngo or changes are made, the Florida street address till be identical. Or, in the case of a Florida limite or authorized by an affirmative vote of the member class of organization or the durating agreement of | FL 33410 e laws of the s of the reg d liability of the limited | o State | of Fice l office by, it is iability ty con | orida, it is hereby confirmed that after and the business office of the registers hereby confirmed that the change(s) y company or as otherwise provided in the pany. y. Attorney-in-Fact |
| cha /we artic graf graf ereb visio | Enter name of NEW Registered Agent and/or NEW Regist 11380 Prosperity Farms Road #221E NEW Registered Office Address: Palm Boach Gardens mited liability company is not organized under the nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limite or authorized by an affirmably of the member authorized by an affirmably of the member of the m | e laws of the sof the reg d liability of the limited the limited Je ogree to accept for in the limited for i | c State distored compar mited l liabili misa l ct in th mance c Chapt confirm | e of Fice of office only, it is iability con rizarriss cape of my e of 605 on that | orida, it is hereby confirmed that after and the business office of the register is hereby confirmed that the change(s) by company or as otherwise provided in inpany. y. Attorney-in-Fact Printed or typed name of signee |

FILING FEE: \$25.00