B11000000175

(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:						
<u> </u>						

Office Use Only



400288309394

07/26/16--01053--014 **35.00

16 JUL 26 PH I2: 50 SECRETARY OF STATE ALL ANASSET FLORIDA

N. HOLDE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.rather-lopez@cscglobal.com

Date: July 22, 2016

Order#: 196993-007

Re: CLUNE CONSTRUCTION COMPANY, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Marissa Rather-lopez 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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	CLUNE CONSTRUCTION	-	<u> </u>	,
Nar	me of Limited Partnership or Limite	d Liability Lir	mited Partnership	
209	9/08/2011	3	B1100000	
Date of filing/registration in Florida		Florida document number		
4. The name of the rep Department of State:	gistered agent and the registered off	ice address as	shown on the reco	ords of the Florida
	C T Corporation	System		
	Name	-		
	1200 South Pine I	sland Road	d	Annual Co. many
Addr				9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Plantation	FL	33324	
	City, State an	d Zip		2 C C
5. The name and Flori	ida street address of the new register	ed agent and/	or office:	
	<u> </u>	Ū		= 5
	Corporation Servic	e Compan	<u>y</u>	08.50 19.75 19.75
				D) (1)
	1201 Hays S		. 11.	
	Florida street address (P.O.	Box not accep	table)	
	Tallahassee	FL_	32301	
	City, State an	d Zip		
6. Such change(s) is/a	re effective when filed by the Floric	la Department	of State.	
X e e	aoni			
	Partner Jill Cilmi, Vice President on	hehalf of Dub	din Construction	Corp. its General Partne
	pointment as registered agent and a sions of all statutes relative to the pr			
	an accept the obligations of my pos on Service Company			,,,
By: Yours	Kuhi A			
Signature of Registere	d Agent Grace E. Kirby, Assistan	t Vice Preside	ent	
	•			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

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	LUNE CONSTRUCTIO					
Nam	e of Limited Partnership or Limited	l Liability Lin	nited Partnership			
209/	/08/2011	3	B11000000175 Florida document number			
Date of filing/r	Florida document	number				
4. The name of the region Department of State:	istered agent and the registered office	ce address as	shown on the reco	ords of the Florida		
	C T Corporation	System				
Name						
	1200 South Pine Island Road					
Address						
	Plantation	FL	33324			
_	City, State and	l Zip				
5. The name and Floric	la street address of the new register	ed agent and/o	or office:			
	-	_				
-	Corporation Service	Company	<u>/</u>			
-	1201 Hays S Florida street address (P.O. E	table)				
	·	•	•			
-		FL_	32301			
	City, State and	l Zip				
6. Such change(s) is/ar	e effective when filed by the Florida	a Department	of State.			
Xie O						
Signature of General Pa	artner Jill Cilmi, Vice President on	behalf of Dub	lin Construction	Corp., its General Partner		
I hereby accept the app comply with the provisi	ointment as registered agent and ag ons of all statutes relative to the pro an accept the obligations of my post Service Company	gree to act in to oper and comp	this capacity. I fu plete performance	rther agree to		
Signature of Registered	Agent Grace E. Kirby, Assistant	Vice Preside	nt	16 JU SECR		
Filing Fee:	\$35.00					
Certified Copy (op	otional): \$52.50			25 院		