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D SCOTT SEP 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195	
	REFERENCE	: 813741 7157369	
	AUTHORIZATION	: Frisende	
	COST LIMIT	: \$ 35.00	
ORDER DATE :	September 12, 20	17	
ORDER TIME :	1:26 PM		
ORDER NO. :	813741-470		
CUSTOMER NO:	7157369		
	CHANGE OF A	GENT	
NAME :	STRONGHOLD IN	SPECTION,	<u>.</u> 1
		PROOF OF FILING:	19 14 E
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CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Stron	nghold Insp	ection, L.P.		
Name of Limited Part	nership or Lim	ited Liability Lir	nited Partnership	
DOCUMENT NUMBER:	B16	000000086	· · · · · · · · · · · · · · · · · · ·	
The enclosed Statement of Change of fee(s) are submitted for filing.	Registered (Office and/or I	Registered Ager	nt and
Please return all correspondence conc	eming this n	natter to:		
Claudia G. Sant	os			
Contact Person				
Quanta Services,	Inc.			
Firm/Company		· 		
2800 Post Oak Blvd., S	Ste 2600			
Address	7.0. 2000			
Houston, TX 770	156			
City, State and Zip Co				
• •				
csantos@quantase E-mail address: (to be used for future a				
For further information concerning th	•			
To rainer information concerning in	is matter, pro	lase carr.		
Claudia G. Santos	at (713 ₎	629-760	
Name of Contact Person	A	rea Code and Da	ytime Telephone N	Number
Enclosed is a \$35.00 check made pay	able to the F	lorida Departr	nent of State.	فس
STREET ADDRESS:		MAILING	ADDRESS:	
Registration Section		Registration		
Division of Corporations			Corporations	一选一二 干
Clifton Building		P. O. Box 6		
2661 Executive Center Circle Tallahassee, FL 32301		i ananassee	c, FL 32314	
Tananassee, i C 52501				で、 (数) (数)

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.

[.	Stronghold Ins	pection, L.P.			
Name of	Limited Partnership or Lir	nited Liability L	imited Partnersh	ip	
04/20	0/2016	3	B160000	000086	
Date of filing/regis	stration in Florida	J	Florida docume	ent number	
4. The name of the register Department of State:	ed agent and the registered	office address a	s shown on the re	ccords of the Flor	rida
	NRAI Ser	vices, Inc			
	Nai	me			
	1200 South Pir	ne Island Ro	ad		
	Add	ress			
	Plantation	FL	33324		
	City, State	e and Zip			
5. The name and Florida st	reet address of the new reg	istered agent and	Vor office:		
		-			
	Corporation Ser		iny		
		-			
•	1201 Hay	·	. 11.		
	Florida street address (P	O. Box not acce	·		
	Tallahassee	F1.	32301		
	City, State	e and Zip			
6. Such change(s) is/are ef	fective when filed by the F	lorida Departme	nt of State.		
\wedge	- t=			٠٠٠٠ موسمه موسمه	بمسد
Signature of General Partne	er (.n
			e ar e como de co	-	ــ ق. ا
	ment as registered agent a of all statutes relative to th				
and I am familiar with an a		position as regi	istered agent.		بشدة
By: Un-	on your	Melissa		. •	TO
Signature of Registered Ag	ent	Asst. Vice	President	••	4.50.60
				:	- ^{p-}

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50