The Page 2 of 3 2/1/2018 2/21/2018 DDDF arida Department of State Division of Corporations Electronic Filing Cover Sheet
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To: Division of Corporations Fax Number : (850)617-6380
Account Name : C   CURPURAIION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845
**Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.** Email Address:
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To: Page 3 of 3

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2018-02-21 12:07:01 CST 12122023573 From: Kimberly Laughrey

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HEALBREAK IN

Pursuant to ti	he provisions of sections 607.0502,	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of a	change is submitted for a corporation	ion organized under the laws of the State of Delaware	
		or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: MARRIOTT INT	TERNATIONAL CONSTRUCTION SERVICES, INC.	
	al office address: no change		
2 p			
3. The mailin	g address (if different): no change		
4. Date of inc	orporation/qualification: 07/30/201	Document number: F1000003446	
		gistered agent and registered office on file with the	
	partment of State: (If resigned, ente		
	CORPORATE CREATIONS NET	TWORK INC.	
	11380 PROSPERITY FARMS RC	OAD #221E	
	PALM BEACH GARDENS, FL 3	31410	
6. The name a (if changed		ered agent (if changed) and /or registered office	
(	C T Corporation System		
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
		ne street address of the business office of its registered agent,	
Such change authorized by	was authorized by resolution duly the board by the corporation has l	adopted by its board of directors or by an officer so	
	11/KL _	Jennifer Kurz, Vice President	
-	ative of the officer or officeror	Printed or typed name and title	
I hereby acce I further agre performance ageni. Or, if hereby confir	pithe appointment as registered a e locomply with the provisions of of my duties, and I am familiar with this document is being filed merely m that the corporation has been no	ngent and agree to act in this capacity. Fall statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address, I otified in writing of this change.	
By: CT	orporation System	2/21/2018	
(A	inflature of Registered Agent	Date	
If signing on <b>l</b>	behalf of an entity:	·	
Alfr	ed Younan		
Antitut	ant Secretary	-	

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