

8/11/2014 9:49:41 from: To: 8506176380

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED
14 AUG 11 AM 11:34
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
RECONSTRUCTION EXPERTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

R.A. / R.O. / Chg
@ 8/12/14

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Corporate Filing Menu

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Power of Attorney

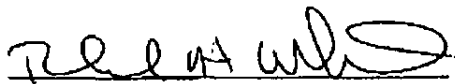
NOTICE IS HEREBY GIVEN THAT RECONSTRUCTION EXPERTS, INC. ("Corporation"), a corporation incorporated under the laws of Colorado, does hereby appoint Kelly Lettmann, Michelle Donato, Laura Louis, Mandy Hendricks, Dareth Jeffers, Russell Kopp, Crystal McKenzie, Christine Rein, Collin Menkhus, Michael Mitchell, Traci Houck, James Martin, Dorie Kluess, Nancy Lydon and Lori Soulliere-Stryson (but only for so long as each of them, respectively, remains an employee of CT Corporation or an affiliate thereof) as attorney-in-fact for the Corporation to act for the Corporation for the limited purposes authorized herein.

The Corporation hereby grants its attorney-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, change entities' registered agent and registered office, and forms of similar import on behalf of the Corporation in any state and the District of Columbia.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Kelly Lettmann, Michelle Donato, Laura Louis, Mandy Hendricks, Dareth Jeffers, Russell Kopp, Crystal McKenzie, Christine Rein, Collin Menkhus, Michael Mitchell, Traci Houck, James Martin, Dorie Kluess, Nancy Lydon and Lori Soulliere-Stryson shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Corporation.

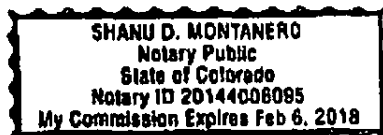
IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 28th day of July, 2014.



Sworn to and subscribed before me
this 28th day of July, 2014.

 Shanu D. Montanero

Notary Public, State of Colorado
Commission Expires:



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Colorado in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RECONSTRUCTION EXPERTS, INC.
2. The principal office address: 5310 VIVIAN ST ARVADA, CO 80002
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/01/2011 Document number: F11000002708
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470
6. The name and street address of the new registered agent (If changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] _____
 Signature of an officer or director

Nancy Lydon, Vice President
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature] _____
 Signature of Registered Agent

08/08/2014
 Date

If signing on behalf of an entity:

James D. Martin
Asst. Vice President
 Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E043 (03/12)

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 DIVISION OF STATE
 14 AUG 11 PM 10:08