F111000 002 708

(Requestor's Name)
(Address)
(Address)
, and the same of
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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TSCHROEDER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: October 15, 2019

Order#: 944946-005

Re: RECONSTRUCTION EXPERTS, INC.

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: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive 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

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

statement of cha	nge is submitted for a corp	poration organized	07.1508, or 617.1508, Floria I under the laws of the State o	of CO
	•		l agent, or both, in the State of	f Florida.
	he corporation: RECONS			
2. The principal	office address: 5310 Vivia	n Street, Arvada,	CO 80002	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 07/	01/2011	_ Document number: F1100	0002708
5. The name and		ent registered agen	t and registered office on file	
	C T CORPORATION SYSTEM			19
	1200 SOUTH PINE ISLAND ROAD			00 T:
PLANTATION, FL 33324				
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered			office RECO
	Corporation Service Company			_ ``
	1201 Hays Street			
	PO Box NOF acceptable Tallahassee FL 32301			
Such change wa	s authorized by resolution	duly adopted by	ress of the business office of its board of directors or by a d in writing of the change.	
(Rue 8 Cour	Jil	Cilmi, Vice President	
Signapo	CONICE OF DIRECTOR		Printed or typed name and	litle
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provision my duties, and I am famil	ons of all statutes iar with and accep merely to reflect a	ree to act in this capacity, relative to the proper and co of the obligation of my positi a change in the registered of, iting of this change.	omplete on as registered fice address, l
By: 💢	nee C-Kubu nature of Registered Agent	10	0/11/2019	
Sigi	nature of Registered Agent		Date	
lf signing on bel	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
Ty	ped or Printed Name			

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