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REGISTERED AGENT CHANGE

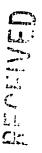
NATIONAL COMMERCIAL BUILDERS INC.

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

tursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: NATIONAL COMMERCIAL BUILDERS INC. The principal office address: 41951 Remington Avenue, Suite 230, Temecula, CA 92590
. The mailing address (if different):
. Date of incorporation/qualification: 01/23/2012 Document number: F12000000302
. 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.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312
TALLAHASSEE, FL 32312 The name and street address of the new registered agent (if changed) and /or registered office (if changed): URS AGENTS, LLC
URS AGENTS, LLC
3458 Lakeshore Drive P.O. Box NOT acceptable
P.O. Box NOT acceptable .
Tallahassee, FL 32312
he street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Brittany Aikens, Authorized Representative Signature of an officer of director Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performanc f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if thi ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
Signature of Registered Agent Date
signing on behalf of an entity:
Celli Saldana, Assistant Secretary
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