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TALLAHASSEE, FLORIDA

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**NAME:** LEAN CONSTRUCTION INSTITUTE, INC.

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

statement of ch	provisions of sections 607.0502, 617.0. ange is submitted for a corporation org	anized under the laws of the St	ate of Virgi		
in orde	er to change its registered office or regi	<del>-</del>	•	INIO	
1. The name of	the corporation:	ONSTRUCTION INS	)	IIVC.	<del></del>
	office address:				
1400	N 14TH ST 12TH FL	Arlington	VA	2220	9
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 12/27/2013 12:00:00 AM Document number:		F140000	F14000000032		
	d street address of the current registered rtment of State: (If resigned, enter resigned)		file with the		
	CT Corporat	ion System			
	Plantation,	FL 33324			
	1200 South Pin	e Island Road	· .		· 🗖 .
6. The name and (if changed):	i street address of the new registered ag	ent (if changed) and /or registe	red office	NOV -5	LLAHAS
	National Corporate Res	search, Ltd., Inc.			SEE
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	P.O. Box NO	-	<del></del>	Ω. 	OR A
	Tallahassee, FL 3230	1	<del></del>	7	D <sub>L</sub>
The street addre	ess of its registered office and the stree be identical.	t address of the business office	of its registere	ed agent,	
Such change wa authorized by h	s authorized by resolution duly adopte e board, or me corporation has been n	d by its board of directors or bottlied in writing of the change	y an officer so		
CA	e of an officer or director	Dan C. Heinemeier, Sec	retary		
I hereby accept I further agree to performance of agent. Or, if this hereby confirm Sign If signing on bel	the appointment as registered agent as o comply with the provisions of all sta my duties, and I am familiar with and s document is being filed merely to refund the corporation has been notified matter of Registered Agent malf of an entity:	Printed or typed name and agree to act in this capacity trues relative to the proper an accept the obligation of my polect a change in the registered in writing of this change.    (   5   7 0   Change   Date   Da		ered , I	
	Assistant Secretary ppd 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 CR2E045 (03/12)