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2014 JUN 20 A 10: 50



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 167024 7157369

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 5, 2014

ORDER TIME : 1:33 PM

ORDER NO. : 167024-115

CUSTOMER NO: 7157369

## CHANGE OF AGENT

NAME: NOVA GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ	ized under the laws of the Sto	ate of CALIFORNIA	
· · · · · · · · · · · · · · · · · · ·	r to chänge its régistered office or registe	~		
	he corporation: NGI CONSTRUCTION, I	DA CA 04559	<u> </u>	
2. The principal	office address: 185 DEVLIN ROAD, NAF	-A, CA 94336		
3. The mailing a	ddress (if different):		,	
4. Date of incorp	poration/qualification: 01/16/2014	Document number: F1	400000230	
	street address of the current registered attment of State: (If resigned, enter resigne		file with the	
	CT CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324	une i	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office			
	Corporation Service Company		88 20	
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301	50	
	ss of its registered office and the street a be identical.			
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or litied in writing of the chang	oy an officer so e.	
Det	t BOB	PETER B. O'BRIEN,	VP	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm Corporation	e of an officer of director  the appointment as registered agent and o comply with the provisions of all statu my duties, and I am familiar with and ac s document is being filed merely to refle that the corporation has been notified in n Service Company	ites relative to the proper an ecept the obligation of my po ect a change in the registered	y. d complete osition as registered	
By: Emus	nature of Registeral Agent	Date		
If signing on bel	nalf of an entity:	-		
Enily	Cray ped or Printed Name		·	
$\mathcal{O}^{*}$	* * * FILING FE	E: \$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)