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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
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TALLAHASSEE, FLORIDA

JAN 2 2 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: January 14, 2015

Order#: 448093-030

Re: BTI CONSTRUCTION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

Please take the following action:

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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	provisions of sections 607.0502, 617.050 ange is submitted for a corporation orga	nized under the la	ws of the State of G	SA	_
	er to change its registered office or regist		oth, in the State of Fi	lorida.	
1. The name of	the corporation: BTI CONSTRUCTION,	INC.			
2. The principal	office address: 1350 Bluegrass Lakes F	Parkway, Alphare	tta, GA 30004		
3. The mailing a	nddress (if different):				
4. Date of incorp	poration/qualification: 06/06/2014	Document	number: F1400000	02501	
	d street address of the current registered artment of State: (If resigned, enter resignated)		ed office on file wit	h the	
	CT Corporation System				
	1200 South Pine Island Road			15	SEC
	Plantation	FL	33324	JAN	<u>}</u> }
6. The name and (if changed):	I street address of the new registered age	nt (if changed) an	nd /or registered offi	6 PH 2:	SSEF FI
	Corporation Service Company				RAT E
	1201 Hays Street			<u> </u>	∆ '''
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
	ess of its registered office and the street be identical.				nt,
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been no	l by its board of d tified in writing o	lirectors or by an of of the change.	fficer so	
	7262	Dona Priebe		Vice Presider	nt
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a state of a limit and a l	d agree to act in utes relative to th ccept the obligat ect a change in th	e proper and comp ion of my position o he registered office	lete as registered address, I	•
By: Dra	ca Co-Kublo	January 13, 20	15		
Sign	nature of Registered Agent		Date		
If signing on bel	nalf of an entity:				
	Assistant Vice President				
Ту	rped or Printed Name				
	* * * 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