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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

REGISTERED AGENT CHANGE **BODELL CONSTRUCTION COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00



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COVER LETTER

TO:	Amendmen Division of	t Section Corporations			
SIIRI	BODEL	L CONSTRUCTION COMPANY			
3003	EC1	Name of Co	rporation		
DOC	UMENT NU	F14000003404 MBER:			
The er	nclosed Staten	nent of Change of Registered Office/	Agent and fee are submitted for filing.		
Please	return all cor	respondence concerning this matter	to the following:		
Name of Contact Person					
	Firm/Company				
	Address				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fu	rther informat	tion concerning this matter, please ca	ılı:		
	Nam	e of Contact Person	at () Area Code & Daytime Telephone Number		
Enclos	sed is a \$35.00	O check made payable to the Departn	nent of State.		
		Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
		P.O. Box 6327	Clifton Building		
		Tallahassee, FL 32314	2661 Executive Center Circle		

Taliahassee, FL 32301

CR2E045 (03/12)

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

statement of ch	e provisions of sections 607.0502, ange is submitted for a corporati er to change its registered office	on organized und	er the laws of the State (of Utah		-	
l.The name of	the corporation: BODELL CONS	TRUCTION COM	PANY				
2.The principa	office address: 586 FINE DRIVE	SALT LAKE CIT	Y, UT 84115				<u> </u>
3. The mailing	address (if different):						
4.Date of incor	poration/qualification: 8/11/2014	Do	cument number: F1400	0003404			
	d street address of the current reportment of State: (If resigned, ento		registered office on file	with the			
	CORPORATION SERVICE CO	MPANY			N. C	5	
	1201 HAYS STREET				¥41A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOV	الد
	TALLAHASSEE, FL 32301-252	5			SSEE WY (ယ်	
6. The name and street address of the new registerer (if changed):		ered agent (if char	nged) and /or registered	office	F STA!	*=:	Ö
	C T Corporation System			V	Ď.m.	28	
	c/o C T Corporation System, 120	0 South Pine Island	Road				
), Box NOT acceptable		_			
	Plantation, Florida 33324			-			
The street addr as changed wil	ess of its registered office and the identical.	e street address o	of the business office of	its regist	cred age	nt,	
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its be been notified in	oard of directors or by a vriting of the change.	n officer	so		
andle	vityen	April W	ittenwyler - Secretary				
••	are of an officer or director		Printed or typed name and			-	
I hereby accep I further agree performance o agent. Or, if th hereby confirn	t the appointment as registered i to comply with the provisions of f my duties, and I am familiar wi its document is being filed mere I that the corporation has been n	igent and agree to full statutes relat th and accept the by to reflect a cha sotified in writing	o act in this capacity. ive to the proper and co obligation of my positi nge in the registered of of this change.	omplete on as regi fice addre	istered 2ss, I		
By: CT Corporation System		11/1/20				_	
	granture of Registered Agent		Date				
	chalf of an entity:						
	Asst Secretary Typed or Printed Name	_					
'	Shames summer						

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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