

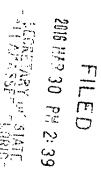
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti ami.casper@cscglobal.com

Date: March 28, 2016

Order#: 018369-035

Re: ASSOCIATED GENERAL CONTRACTORS OF AMERICA

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: April Pagliassotti 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 607.0302, 617.03 ange is submitted for a corporation orga er to change its registered office or regis	mized under the la	ws of the State of Distri	ict of Co	lumbia	а
	the corporation: ASSOCIATED GENER	~	•			
	office address: 2300 Wilson Blvd #300,					
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 05/11/2015	Document	number: F1500000203	34		
	d street address of the current registered rtment of State: (If resigned, enter resign		ed office on file with th	e ŽŽ	2016	
	CF Registered Agent, Inc.				75	
	100 S. Ashley Drive, Suite 400				ب الاد	ī
	Tampa	FL	33602		O	[[
6. The name and (if changed):	d street address of the new registered age	ent (if changed) an	d /or registered office		2: 39	
į.	Corporation Service Company					
	1201 Hays Street					
	P.O. Box NO Tallahassee	Tacceptable FL	32301			
	ess of its registered office and the street be identical. as authorized by resolution duly adopte he board, or the corporation has been no				gent,	
_Marlia	le Ulord	•	d, Chief Financial Offic	er		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent are to comply with the provisions of all stating duties, and I am familiar with and city duties, and I am familiar with and city document is being filed merely to refit that the corporation has been notified in Service Company	nd agree to act in tutes relative to th accept the obligat	e proper and complete ion of my position as r	egisterei	d	
By: Dra	ce Co-Kuble	03/28	/2016		- Carrier	
	nature of Registered Agent		Date			
	half of an entity:					
	Asst. Vice President yped or Printed Name					
	* * * FILING FE	EE: \$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)