## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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Email Address:

## REGISTERED AGENT CHANGE WOODCREST CONSTRUCTION MANAGEMENT, INC.

Certificate of Status	0
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Corporate Filing Menu

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DEC 30 2016 CMCMAIR

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

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Delaware
		registered agent, or both, in the State of Florida.
1. The name of t	the corporation: WoodcrestConstru	nctionManagement,Inc.
2. The principal	office address: 151KalmusDr.Sui	ieA203,CostaMesa,CA92626
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 09/28/2016	Document number: F16000004333
	d street address of the current registrement of State:(If resigned, enter	stered agent and registered office on file with the resigned)
	RegisteredAgentsInc.	
	3030 N Rocky Point Dr Ste 150A	<b>#</b>
	Tampa,FL33607	FOEC 20
6. The name and (if changed):	d street address of the new register	ed agent (ii changed) and for registered office
	CTCorporationSystem	\$ . * * 
	c/oCTCorporationSystem,12005	SouthPineIslandRoad
		Box NOT acceptable
	Plantation,Florida33324	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
Melice	y Muler  areo tanothic eror director	MelissaNolan, VP
_		
perjormance of agent. Or, if thi	the appointment as registered ag to comply with the provisions of & my duties, and I am familiar with is document is being filed merely that the corporation has been no	tent and agree to act in this capacity. Ill statutes relative to the proper and complete I and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.
By: CTCorp	porationSystem	12/22/2016
	ngture of Registered Agent	Date
If signing on bel	half of an entity:	
TristanEmrich,A	AssistantSecretary	
. 1'5	sped or Printed Name	

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

Make Checks Payable to Feorida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 CR2E045 (03/12)