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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				
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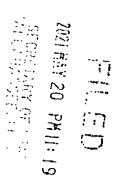
Office Use Only



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CVO/10/21 JH





CSC - WILMINGTON
251 Little Falls; Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: May 18, 2021

Order#: 813636-007

Re: PROJECT BUILDERS, INC.

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: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive 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 ch	ange is submitted for a corpora	2, 617,0502, 607,1508, or 617,1508, Florida S ation organized under the laws of the State of $\frac{C}{C}$ we or registered agent, or both, in the State of F.	GA
1. The name of	f the corporation: PROJECT BU	ILDERS, INC.	
		ONT ROAD, NE STE 150, ATLANTA, GA 300	329
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 09/22/1	Document number: F990000	04921
	nd street address of the current re artment of State: (If resigned, en	egistered agent and registered office on file wit tter resigned)	h the
	NRAI SERVICES, INC		
	1200 South Pine Island Roa	d	
	Plantation, FL 33324		
6. The name ar (if changed):	~	stered agent (if changed) and /or registered offi	ce
	Corporation Service Compa	ny	Fra to
	1201 Hays Street		DZIMAY 2 STORE DAR ALL ARAST
		P.O. Box, NOT acceptable	
	Tallahassee	FL 32301	
The street addras changed wil	ress of its registered office and If be identical.	the street address of the business office of its	registered agent.
Such change wanthorized by	vas authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by an cas been notified in writing of the change.	officer so
	Que & Court	Jill Cilmi, Vice President	
Signat	ture of an officer or director	Printed or typed name and titl	e
I further agrée of my duties, a document is be corporation ha	of the appointment as registered to comply with the provisions and I am familiar with and acce ving filed merely to reflect a chi as been notified in writing of the on Service Company	l agent and agree to act in this capacity, of all statutes relative to the proper and compt the obligation of my position as registered ange in the registered office address. I hereby is change.	plete performance agent. Or, if this v confirm that the
•	e. L.Kuby gnature of Registered Agent	05/18/2021	
Sı	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	, Asst. Vice President		
•	Typed or Printed Name		
	* * * [-]	LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)