L04000003489

(Requ	estor's Name)			
(Address)				
(Addre	ess)			
(City/S	State/Zip/Phone #}			
PICK-UP	☐ WAIT ☐ MAIL			
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(Document Number)				
Certified Copies	Certificates of Status			
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SECRETARY OF STATE

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

Amount: \$

CT Corporation System

W.P. Verifier

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

3	•				
1. The name of the limit	ed liability comp	any is: S. Florida Const	ruction IV, LLC		
2. The mailing address of	of the limited liab	ility company is: 700	NW 107th Avenue,	Suite 400	
Miami, FL 33172					
	2		04000002490		
3. Date of filing/registration in Florida			L04000003489 4. Document number		
3. Date of filing/registra	tion in Florida	4.	Document numi	ber	
5. The name of the regist Florida Department of		e registered office add	dress as shown or	the records of the	
	Benjamin P. Butte			3 36 36 37 37 37 37 37 37 37 37 37 37 37 37 37	
		Name		,	
	700 NW 107th Avenue, Suite 400			O4 DEC 15 SECRETARS	
	Address			经员工	
	Miami, FL 33172	City, State and Zip		ASE OF	
6. The name and address	of the new regist	ered agent and/or offi	ice:	Ric = M	
	C T Corporation S	vstem		9: 37 FLORID	
	<u> </u>	Name		87 886	
	1200 South Pine Is	land Road	1	₽ .	
• •	Florida street	address (P.O. Box NO	T acceptable)		
	Plantation	FL 33324		,	
·		City, State and Zip			
(Signature of a member or author	change or change of the registered a creby confirmed the ed liability composition of the limited liability composition of the representative of	s are made, the Florid gent will be identical. hat the change(s) was any or as otherwise profility company.	a street address o	orida, it is hereby f the registered office of a Florida limited by an affirmative vote of cles of organization or	
L. Christian Mar (Printed or typed name of signes	lin, Vice her	oident			
•	nintment as reais:	relative to the proper igations of my positio being filed to merely liability company has	and complete per n as registered as reflect a change i s been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agen	Comin Bry	CONN SPECIA	L ASSISTANT SP	CONTARY	

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314