DOCUMENT # L04000024282 1. Entity Name **FILED** DYNATECH ELECTRICAL CONTRACTING L.L.C. Feb 21, 2007 08:00 AM Secretary of State Principal Place of Business Mailing Address 19-421 S.W. 39TH COURT MIRAMAR FL 33029 19-421 S.W. 39TH COURT MIRAMAR FL 33029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #. otc. Suita, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 51-0585360 Not Applicable qiZ Country Country Zin \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, SYDNEY E Street Address (P.O. Box Number is Not Acceptable) 19-421 S.W. 39TH COURT MIRAMAR FL 33029 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES uu. **MGRM** ☐ Delete HILE ☐ Change Addition NAME U00000643086 03/01/07-80071-015 55.00 HENRY, SYDNEY E NAME SUBJET LADDRESS 19421 SW 39TH CT STREET ADDRESS CITY-ST-7IP MIRAMAR FL 33029 CITY - S1-ZIP THE Delete mu, ☐ Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CITY - ST - AP CHY-ST-7P MIE Delete TITLE Change Addition NAM NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP HALE Delete ME □ Change Additio NAMI. NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIE CUY-ST-7/P TITLE Delete THE Addition Change MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ifftE Delete HILE Change Addit-NAME NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

11. I hereby cartify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the informatio indicated on this report is true and accurate and that my signature shall have the same legal offect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IGNING MANAGING MEMPER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

CB. 12/07

Daytime Phone I