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TO:

INHS18 (2/14)

Registration Section

Division of Corporations Gates Butz Institutional Construction, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Todd Gates** Name of Person Gates Butz Institutional Construction, LLC Firm/Company 27599 Riverview Center Blvd., Ste 205 Address Bonita Springs, Florida 34134 City/State and Zip Code tgates@gatesinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Todd Gates** 593-3777 Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ≤ '\$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1.	Na	me of the limited liability company: Gates Butz Institution	onal Co	onstruction, L	LC
2.	(a)		(1	s)	
	(/ ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, ,	<u> </u>	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		27599 Riverview Center Blvd., Suite 205		27599 Rive	erview Center Blvd., Suite 205
		Bonita Springs, FL 34134	-	Bonita Spri	ings, FL 34134
		1/26/2005		L050000082	52
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)			_	
		Registered Agent and Registered Office shown on the records of the	: Florida	Dept. of State	202 SE
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Todd E. Gates Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		27599 Riverview Center Blvd., Suite 205			HAR -9 PH
		Bonita Springs, FL , FL 3.	4134		
1	(b)				. = 9
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	<u>dress</u> :	
		Yarnell & Peterson, P.A.			
		NEW Registered Office Address:			
		3431 Pine Ridge Rd. Suite 101			
		Naples FI 3	4109		
cha age was	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabing authorized by an affirmative vote of the members of th	gistero ility co the lim	ed office and impany, it is sited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
the	arti	cles of organization or the operating agreement of the lir	mited I	-	•
	ionat	ure of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee
I h pro the to n	ereb visio obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f Iv reflect a change in the registered office address, I her I'm writing of this change.	to act erforme for in C reby co	in this capa ance of my d Chapter 605, onfirm that t	city. I further agree to comply with the
Sig	natui	e of Rogistered Agent			
	i	Division of Corporations● P.O. Bo	x 6321	7● Tallahas	see, FL 32314