#L06000075364

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:
Division of Corporations
Fax Number : (850)617-6383

Please retain original filing date of submission 4/17

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
12 APR 17 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
MACTEC FACILITIES DESIGN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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K. SALY
EXAMINER
APR 20 2012

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April 18, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MACTEC FACILITIES DESIGN, LLC
1105 LAKEWOOD PARKWAY, SUITE 300
ALPHARETTA, GA 30009

SUBJECT: MACTEC FACILITIES DESIGN, LLC
REF: L06000075364

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is for a profit corporation. Please submit a limited liability form.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H12000102026
Letter Number: 312A00012039

RE-SUBMIT
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RECEIVED
12 APR 19 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACTEC FACILITIES DESIGN, LLC
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

sarah.j.smith@amec.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

CR2E018 (5/08)

FF 014 - 11/16/2010 CT System Online

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.

1. Name of the limited liability company: MACTEC FACILITIES DESIGN, LLC

2. (a) Principal office address of limited liability company: 1105 Lakewood Parkway, Suite 300

(Note: MUST BE STREET ADDRESS) Alpharetta, GA 30009

(b) Mailing address of limited liability company: 1105 Lakewood Parkway, Suite 300

(Note: MAY BE POST OFFICE BOX) Alpharetta, GA 30009

7/28/2006 — 3. Date of filing/registration in Florida

L06000075364 — 4. Document number

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12 APR 17 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street
Tallahassee, FL32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James C Anderson
Signature of a member or authorized representative of a member

James C. Anderson, Member
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (05/08)

PL015 - 11.1.2010 C T System Online