LOCOOD Par

(Requestor's Name)			
(Address)			
(Ac	idress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



500274718745

07/09/15--01018--005 **25.00

FILED

15 JUL -9 PM 2:48

SECRETARY OF STATE
ANA SSEE, FLORIDA

JUL 1 0 2015

S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: IBS CONSTRUCTION Name of Limit	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
ERIC PITS Name of Person		
IBS CONSTRUCTION G	roup	
16375 NE 18th AVE		
Address		三% 5
NORTH MIAMI BEACH, FL 33162 City/State and Zip Code		JEL-9 P
epitts Dibs construction g E-mail address: (to be used for future annual report	Tout - Com notification)	N 2 48 STATE EFLORIDA
For further information concerning this matter, please call	l:	•
ERIC PITS at (3)	05) 527 - 8303 Area Code & Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section

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

Florida		•
1. Na	ame of the limited liability company: IBS CONST	TRUCTION GROUP
2. (a)	IBS CONSTRUCTION GROUP (b)	I BS CONSTRUCTION GROW
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	16375 NE 1846 AUE	16375 NE 1849 AUE
	NORTH MIAM, BEACH, FL 33162	North MIAMIBEACH, FL 331
		L06000102721
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	PATRICK L. BRINSON	
	Registered Agent and Registered Office shown on the records of the Florida De	ept. of State:
	PATRICK L. BRINSON	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	18781 NW 79th C+	
	MIAM, ,FL 3301	15_ 5
(b)	ERIC PITTS	置きコ
	Enter name of NEW Registered Agent and/or NEW Registered Office address	
	ERIC PITTS	
	NEW Registered Office Address:	# # # # # # # # # # # # # # # # # # #
	18781 NW 79th Ct	 _
	MIAMI ,FL 330	>15
If the li	imited liability company is not organized under the laws of the Sta	tate of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the register	ered office and the business office of the registered
agent w was/we	will be identical. Or, in the case of a Florida limited liability compere authorized by an affirmative vote of the members of the limiter	ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
the artic	icles of organization or the operating agreement of the limited liab	bility company.
	ER	RIC PITTS
Signat	ture of a member or authorized representative of a member	Printed or typed name of signee
I hereb provision the oblit to mere notified	by accept the appointment as registered agent and agree to act in ions of all statutes relative to the proper and complete performanc ligations of my position as registered agent as provided for in Cha ely reflect a change in the registered office address, I hereby conf. d in writing of this change.	t this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept capter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

2