

L080000012958348

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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: _____

**REGISTERED AGENT CHANGE
SSL SOUTH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

\$ 25.2

RECEIVED
10 JAN 20 PM 1:12
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TALLAHASSEE, FLORIDA

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10 JAN 20 AM 8:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JAN 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSL South, 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:

Michelle Perry
Name of Person

Orion Marine Group
Firm/Company

12000 Acrespace, Suite 300
Address

Houston, TX 77034
City/State and Zip Code

mpperry@orionmarinegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Perry at (713) 852-6500
Name of Person 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

JNH:SLB (5/08)

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: SRL South, LLC

2. (a) Principal office address of limited liability company: 12000 Aerospace Ave, Suite 300



(Note: **MUST BE STREET ADDRESS**)

Houston, TX 77034



(b) Mailing address of limited liability company:

12000 Aerospace Ave, Suite 300

(Note: **MAY BE POST OFFICE BOX**)

Houston, TX 77034

06/24/2008

3. Date of filing/registration in Florida

LD8000061648

4. Document number

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

Registered Agent:

David M. Dancy

Registered Office Address:

501 East Kennedy Blvd., Suite 1700
Tampa, FL 33602

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

NEW Registered Agent:

CT 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.

Peter R. Buchler
Signature of a member or authorized representative of a member

Peter R. Buchler, Secretary

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:

E.A. Wallace
Signature of Registered Agent

Assistant Secretary

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

FILING FEE: \$25.00

INH18 (05/08)

75013-05072/009 L.T. State Online

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10 JAN 20 AM 8:09