Page 1 of 2

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(((H16000059625 3)))



H160000596253ABC1

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878~5368

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

Email	Address:				
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LLC REGISTERED AGENT CHANGE INNOVATIVE MODULAR PRE-FABRICATION LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
innovative modular pre-f.	ABRICATION LLC
\	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Tammy Tofteroo	
Name of Person	
C T Corporation	
Firm/Company	
3 Winners Circle, Suite 301	·
Address	
Albany, NY 12205	
City/State and Zip Code	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Tammy Tofteroo	617 531-5818 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

3/8/2016 12:17:28 PM From: To: 8506176383(3/3)

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.

. Name of the limited liability company:INNOVATIVE MODULAR PRE-FABRICATION LLC					
2. (a)	5422 BAY CENTER DRIVE STE 200	(h	5422 BA	Y CENTER DRIVE ST	€ 200
. (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	
	TAMPA, FL 33609		TAMPA,	FL 33609	
	10/22/2010		L10000110		
	Date of filing/registration in Florida	4.		Document number	
(a)					
i, (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State CANNON, MICHAEL R			- e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	- TA:
	5422 BAY CENTER DRIVE STE 200			-	16 MAR
	TAMPA	L 33609			AR HAS
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office ad	iress:	-	E.FLORIUA AH 9: 16
	C T Corporation System			_	o →
	NEW Registered Office Address;				
	1200 South Pine Island Road			-	
	Plantation, F	L 33324			
e cha gent v as/we e arti	simited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the of the regis liability co of the lim te limited l	State of Fl stered offic impany, it i ited liabilit	e and the business off is hereby confirmed the cy company or as other npany.	ice of the register at the change(s)
	mmy Tofteroo		my roncioc	Printed or typed name of	signee
here rovisi he obi mer otifle	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	e perjorm led for in (l hereby co Kimbe	ance of my Chapter 60: onfirm that erly Stei	acity. I further agree duties, and I am Jami, 5, F.S. Or, if this doct the limited liability co nmetz	to comply with the liar with and acce ament is being file company has been
	orporation System Kindely Stunmets	Vice	Presiden	it & Assistant Se	cretary