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(Re	equestor's Name)		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section * Division of Corporations	` U	
SUBJECT: Phoenix Constru	CLION USA LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Juan Ruarte Name of Person		
Phoenix Construction US Firm/Company	SA LLC	
6095W19Ave Suite4	04	
Hialean, FL 33012 City/State and Zip Code		
JLR 1181 a GMqil. Co		
For further information concerning this matter, please call:		
Juan Rua(+e at	786,5232558 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	·	
Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
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 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company: Phoenix	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 6095 W 19 Ave Suite 404 Higlean, FL 33012
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6095 W 19 Ave Suite 404 Highegn, FL 33012
6/12/2012 3. Date of filing/registration in Florida	L 12000078166 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Juan C. Ruarte
Registered Office Address:	6095 W 19 AUE Suite 404 Higlegh IFL 33012
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2899 Collins Aue Suite 73'
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature describes a methorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Juan C. Ruarte Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar withland accept the obligations of my po Chapter 608, F.S. Or lif this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Signature Agent	TA E 13
Division of Corporations, P.O. Box 63 FILING FEE: \$	27, Tallahassee, FL 32314
INHS18 (05/08)	SEE TO