Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Addres	55:
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LLC REGISTERED AGENT CHANGE BERYL PROJECT ENGINEERING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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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

Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
8202 N Armenia Ave STE A		8202 N Armenia Ave STE A
Tampa FI 33604		Tampa FL 33604
03/04/13		L13000032407
Date of filing/registration in Florida	4.	Document number
) In Law We Trust, P.A. Registered Agent and Registered Office shown on the records	of the Flori	rida Dept. of State.
Registered Office Address (MUST BE FLORIDA STREE	T ADDRE:	<u></u>
1005 North Marion Street		
TAMPA	ī. <u>336</u>	602
Registered Agents Inc		address 29
Enter name of NEW Registered Agent and/or NEW Register	ed Office a	address A
7901 4th St N		
NEW Registered Office Address:	*** **** **** ******* ****	
STE 300		PH 4: 00
St. Petersburg	L_3370	
limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability of of the li	gistered office and the business office of the regis company, it is hereby confirmed that the change(imited liability company or as otherwise provided
Re-lineary Theory	ic minited	ROBIN JONES

Signature of Registered Agent

Signature of a member or authorized representative of a member

David Roberts - Assistant Secretary

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 605, 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.

David Roberts - Assistant Secretary

Printed or typed name of signee