L 13000156265

| (Re | equestor's Name) | · | | | | | | |
|---|--------------------|-------------|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | | | | |
| (0. | , | • | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (BL | ISINESS Entity Nar | ne) | | | | | | |
| | | | | | | | | |
| (Document Number) | | | | | | | | |
| | | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Office Use Only



900271094059

03/27/15--01017--020 **25.00

15 MAR 27 PH 2: 33

SECRE FARY OF STATE

Charb



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/004

Re: BERMONT EXCAVATING LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| 1. | Na | me of the limited liability company: BE | ERMONT EXC | AVATING | 3, L <u>LC</u> | | | |
|------------|--|--|--|---|---|---|----------------------|--------------------------|
| 2 | (a) | a) 7995 Mahogany Run Lane | | (b) | 7995 N | Mahogany Run Lane | | |
| ۷, | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | _ (8) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | Naples FL | 34113 | _ · | Naples, | FL 34113 | | |
| | | 11/06/2013 | | | L130001 | 56265 | | |
| 3. | | Date of filing/registration in Fl | orida | 4. | | Document number | | |
| 5. | (a) | William G. Morris | | | | | | |
| | (4) | Registered Agent and Registered Office shown of | n the records of th | ne Florida l | Dept. of Stat | te: | | |
| | | 247 N COLLIER BLVD, Suite 202 | | | | | | |
| | | Registered Office Address (MUST BE FLOR | RIDA STREET A | DDRESS) | | | | |
| | | | | | | _ | | |
| | | Marco Island | , FL_ | 34145 | | _ | 5 | 1A1G |
| | (L) | Corporation Service Company | | | | | HA | Sign Fort |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered (| Office add | ress: | _ | 27 | 유토교 |
| | | | | | | | PH | 805 |
| | | 1201 Hays Street | | ·· | | | .÷ | 80 100 |
| | | NEW Registered Office Address: | | | | | : :33 | (14년) 구마 왕 |
| | | | | | . <u>-</u> - | _ | | |
| | | Tallahassee | , FL_ | 32301 | ··· | _ | | |
| th ag w th | Signal Signal Signal here ovisi e obi | imited liability company is not organized ange or changes are made, the Florida strail will be identical. Or, in the case of a Florida strail will be identical. Or, in the case of a Florida strail will be identical. Or, in the case of a Florida strail will be identically an affirmative vote of a cicles of organization or the operating agriculture is a member of authorized representative of a company and the propertical strail will be a company to the propertical constant of the propertical constant of the propertical constant of the propertical constant of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the registered of the propertical will be a change in the propertical will be a | eet address of trida limited lial the members of eement of the land member | the regist bility con the limi imited li | tered office mpany, it ted liabilited ability con a Priebe, A | ce and the business office of is hereby confirmed that the ty company or as otherwise impany. Authorized Person Printed or typed name of signal pacity. I further agree to company. | f the rechange provi | egistered age(s) aded in |
| ŝ | ignatu | re PRegistered Agent Corporation Service | e Company | BY: Sy | lvia Que | ppet, Asst. Vice Presiden | ıt | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00