

Office Use Only

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## **COVER LETTER**

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TO: Registration Section Division of Corporations

Metric Civil Constructors, LLC

SUBJECT:

1

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:

C. Popham Decunto

Name of Person

Durant Schoeppel & Decunto, P.A.

Firm/Company

6550 St. Augustine Road, Suite 105

Address

Jacksonville, FL 32217

City/State and Zip Code

pdecunto@ds-law.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Popham Decunto	904 652-2600 at ( )
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	mount:
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 605 D114 or 605 D116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, ar both, in the State of Florida.

1.	6817 Southpoint Parkway, Suite 902		6817 Southpoint Parkwa	v. Suite 902
(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) Jacksonville, FL 32216	(l: ;	Mailing address of limits ( <u>Note: MAY BE POS</u> Jacksonville, FL 32216	d liability company.
	2/19/14		L14000028452	
	Date of filing/registration in Florida	4.	Document number	
(a)	Javid A. Sayar			
	Registered Agent and Registered Office shown on the record	is of the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STRI	ET ADDRESS	<u> </u>	
	6817 Southpoint Parkway, Suite 902		•	
	Jacksonville	, FL_32216		至点 18
(ው)	Durant Schoeppel & Decunto P.A.			6
		1000 1		APR
(0)	Enter name of NEW Registered Ageni and/or NEW Regist	ered Unice ad	<u></u> .	
(0)	Enter name of <u>NEW Registered Ageni</u> and/or <u>NEW Regist</u>	ered Under ad	<u></u>	20
(0)	Enter name of <u>NEW Registered Agen</u> and/or <u>NEW Regist</u>			N
(0)				20 AN 8
(0)	NEW Registered Office Address:			20 AN

Javid A. Sayar

Javid A. Sayar Signature of a member or authonized epresentative of a member 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 duttes, and I am familiar with and accept the abligations 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.

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

DNH518 (2/14)

Signature of Registered Agent