Division of Corporations Electronic Filing Cover Sheet

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| | | | |
| | To: | Division of Corporations | ASSE ASSE |

From:

Account Name : REGISTERED AGENTS INC.

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

Fax Number : (850)617-6383

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

| Email | Address: | | | | |
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LLC REGISTERED AGENT CHANGE FRONTLINE CONTRACTORS, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu Corp

Corporate Filing Menu

JUN-1,8 2019

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.

| Florido | | | A = . = 110 | |
|---------|---|---|--|------|
| l. Na | me of the limited liability company: | ntline Contra | ctors LLC | |
| | 21063 TRAPPE RD | (b) 23 | L063 TRAPPE RD | |
| ن. (a) | Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS | mbana. | Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX) | |
| | UPPERVILLE, VA 20184 | | | |
| | 08/13/14 | L1 | 4000127584 | |
| 3. | Date of filing/registration in Florid | a 4. | Document number | 77 |
| | Fay Paul | | t of State: | FILE |
| 5. (a) | Registered Agent and Registered Office shown on the | e records of the Florida Dep | t of State: | m' |
| | 1868 NW 124 Way | | | |
| | | A STREET ADDRESS) | | |
| | | | 757, UN | |
| | Coral Springs | _{. FL} 33071 | | |
| .1. | Northwest Registered A | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW | | | |
| | 7901 4th St N | | | |
| | NEW Registered Office Address | | | |
| | STE 300 | | | |
| | St. Petersburg | 33702 | ·· | |
| the ch | limited liability company is not organized un ange or changes are made, the Florida street will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the ticles of organization or the operating agreen | nder the laws of the Sta address of the register a limited liability comp members of the limiter | any, it is hereby confirmed that the chang I liability company or as otherwise provid | c(s) |
| | \sim \sim | Morga | in Noble | |
| Sign | ature of a member or authorized representative of a me | mber | Printed or typed name of signee | |

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 apply in writing withis change.

office in writing of this change.

Clove om Glover - Assistant Secretary

Signature of Registered Agent