## L 14000 194723

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**16 OCT 17 PH 2: 39** DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
Williams Building Diagnostics, LLC SUBJECT:	Williams Building Diagnostics, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are subn	nitted for filing.				
Please return all correspondence concerning this matter to the following:					
Nancy Maggi					
Name of Person					
Construction Technology Laboratories, Inc.					
Firm/Company					
5400 Old Orchard Road					
Address					
Skokie, IL 60077					
City/State and Zip Code					
nmaggi@ctlgroup.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Nancy Maggi 847 972-3118	3				
Name of Person Area Code &	Daytime Telephone Number				
STREET/COURIER ADDRESS:  Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDI Registration Secti Division of Corpo Division of Corpo Torpo P.O. Box 6327 Tallahassee, Florida Tallahassee, Florida 32301	on rations				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee &	Certified Copy				
INHS18 (2/14)					

## 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.

l. Na	me of the limited liability company: Williams Buil	ding Diagnostic	es, LLC		
2. (a)	Wm. Brent Nixon	(b) Miranda Nippes			
2. (μ)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited (Note: MAY BE POST		
	5400 Old Orchard Road	305 1	5th Street West		
	Skokie, IL 60077	Brade	nton, FL 34205		
	December 12, 2014	L14000	1194723		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Wm. Brent Nixon				
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	late:		
	Wm. Brent Nixon			<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>	<sup>राडा</sup> 9 (	
	305 15th Street West			ex CT	
	Bradenton	34205	<del></del>	16 OCT 17 PH 2: 39 DIVISION OF CORPORATIONS	1
				P	
(b)	Miranda Nippes			<u>ج</u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		39 1102	
	Miranda Nippes			<i>₹</i> 6	
	NEW Registered Office Address:		<del></del>		
	305 15th Street West				
	Bradenton	34205			
he-chai gent w /as/we he artic	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited light the identical by an affirmative vote of the members of organization or the operating agreement of the	ws of the State of f the registered off iability company, i of the limited liabi e limited liability c	ice and the business off t is hereby confirmed th lity company or as other ompany.	ice of the regist at the change(s	ered )
		Richard I.	Printed or typed name of	`alanaa	
l hereb rövisie he obli o mere otified	ure of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in this co performance of n ad for in Chapter 6 hereby confirm th	anacity I further agree	to comply with	the cept iled n
YY (Signatur	anda Nippes				