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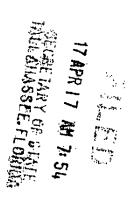
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: USpasy Jenway and Dock Contraction LLC 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:
William PENM DOZIEM 5N. Name of Person
ESPREY SEAWAII and POCK CONS(Myc) ALL Firm/Company
2621 SANDY PLAINS Rd STEZOZ Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William P. Overn at (770) 335-7792 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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

Florid		- ,,	
l. Na	Name of the limited liability company: USprzy S	EAVALL and	Osch-Corsonico H
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 262) Mailing (Note	address of limited liability company: :: MAY BE POST OFFICE BOX)
	Juist 202		= 202
	MAR: ExTA, GA 30066	MARIE	MA, GA 20066
3.	<u>4-1-2015</u> Date of filing/registration in Florida 4.		5777 3 ment number
5 (a)			
3. (a)	Registered Agent and Registered Office shown on the records of the Flor	rida Dept. of State:	
	1200 SOUTH PINE ISLAND		
	Registered Office Address (MUST BE FLORIDA STREET ADDRE		
	PLANTATION, FL. 3	3724	
	, IL ,) 	PR A
(b)	William PENTS, DOZIEN, TA	<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered Office	address:	
	1935 TUREBULL LAKES OR. NEW Registered Office Address:		F. 0.15.
	NEW JANGENA BEACH , FL 3:	2/68	
If the li	limited liability company is not organized under the laws of t		t is hereby confirmed that after
the cha	nange or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liability	gistered office and t	he business office of the registered
was/we	vere authorized by an affirmative/vote of the members of the 1	limited liability comi	pany or as otherwise provided in
the arti	ticles of organization or the operating agreement of the limite	•	- · · · · · · · · · · · · · · · · · · ·
Signal	starc of a member or authorized representative of a member	William P Printe	EMY 10 12/cm TR— d or typed name of signee
77 7	eby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete perfor bligations of my position ds registered agent as provided for it welly reflect a change in the registered office address, I hereby the in writing of this change.		
Signatur	ure of Registered Agent		

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

INHS18 (2/14)