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| (Re | equestor's Name) | - |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bı | ısiness Entity Nam | ne) |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

INHS18 (2/14)

| TO: Registration Se Division of Con | | | | | | | |
|---|---------------------------------------|--|--------------------------------------|--|--|--|--|
| SUBJECT: BG DREDGING AND CONSTRUCTION, LLC | | | | | | | |
| | Name | of Limited Lia | ability Company | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | | |
| Please return all corres | pondence concerning this | matter to the f | following: | | | | |
| Llack as Oamaliana | _ | | | | | | |
| Harbor Compliance | · · · · · · · · · · · · · · · · · · · | | <u></u> | | | | |
| | Name of Person | | | | | | |
| Harbor Complian | nce | | | | | | |
| | Firm/Company | | | | | | |
| 48-50 W Chestr | nut St Ste 301 | | | | | | |
| | Address | | _ | | | | |
| Lancaster, PA 1 | 7603 | | | | | | |
| Ci | ty/State and Zip Code | ······································ | | | | | |
| _ | | | | | | | |
| | dloemarine.com | | | | | | |
| E-mail address: (1 | to be used for future annu- | al report notific | cation) | | | | |
| For further information | concerning this matter, p | lease call: | | | | | |
| Harbor Compliance | | at (717 | 723-9317 | | | | |
| Name | of Person | | Area Code & Daytime Telephone Number | | | | |
| STREET/COL | URIER ADDRESS: | NAT A | ILING ADDRESS: | | | | |
| Registration Se | | | ristration Section | | | | |
| Division of Co | | | ision of Corporations | | | | |
| Clifton Buildin | | | . Box 6327 | | | | |
| 2661 Executive | | | lahassee, Florida 32314 | | | | |
| Tallahassee, Fl | orida 32301 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| 🗷 \$25 Filing F | ee | \$5. | 5 Filing Fee & Certified Copy | | | | |

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. 1 | Name of the limited | liability company: BG DRE | DGING | AND C | ONSTRUC | TION | , LLC |
|---|--|---|--|---|--|---|--|
| 2. (a |) | | a | b) | | | |
| (| | ce address of limited liability company: MUST BE STREET ADDRESS) | ······ | N | Aailing address of lin | | |
| | 2525 CRESTVI | EW ROAD | | 2525 CF | RESTVIEW R | OAD | |
| | WIMAUMA, F | FL 33598 | · · · · · · · · · | WIMAUN | IA, FL 33598 | | |
| | 12/21/2015 | | | L150002 | 209909 | | |
| 3. | Date of f | iling/registration in Florida | 4. | | Document numb | er | ······································ |
| 5. (a | a) | | | | | | |
| (- | Registered Agent and | Registered Office shown on the records | s of the Florid | a Dept. of State | : | | |
| | TK REGISTE | ERED AGENT, INC. | | | | | |
| | Registered Office Ad | dress (MUST BE FLORIDA STRE | ET ADDRES | <u>S)</u> | | | |
| | 101 E. KENNE | DY BOULEVRAD SUITE 27 | 700 | | | | |
| | TAMPA | | _{FL} 33602 | 2 | (- | ; == | n= |
| | Decistered | | | | عرب دورو دومها همان سمه سري | | 11 |
| (b | Registered | .T | | | (A) 20 (2) 24 | 3 | f |
| | Enter name of <u>NEW</u> | Registered Agent and/or NEW Registe | ered Office ad | ldress: | | | |
| | Registered | Agents Inc. | | | ASSES, FLORIDA | מ | D |
| | NEW Registered Off | ice Address: | | | 20 | 12 | |
| | 3030 N. Roo | cky Point Dr. STE 150A | | | | - | • |
| | Tampa | | _{FL} FL | | | | |
| the cl agent was/v | hange or changes are t will be identical. C were authorized by a | npany is not organized under the made, the Florida street address or, in the case of a Florida limited a affirmative vote of the member or the operating agreement of | laws of the s of the regi d liability c rs of the lin | istered office ompany, it is nited liability | and the business hereby confirmed company or as of | office | of the registered |
| _1 | | outlee | BE | TTIE GOOD | | | |
| | | thorized representative of a member | | | Printed or typed nar | _ | |
| I her provi the or to me notifi | eby accept the appo sions of all statutes bligations of my pos rely reflect a change ed in writing of this | intment as registered agent and relative to the proper and compl ition as registered agent as prov e in the registered office address change. | agree to ac lete perform ided for in , I hereby c | t in this capa nance of my a Chapter 605, confirm that t | city. I further as luties, and I am f F.S. Or, if this he limited liabili | gree to c amiliar docume ty comp | comply with the with and accept int is being filed oany has been |
| Bee | | Bill Havre / Assistant Secretary | y | | | | |
| Signa | ture of Registered Agent | | | | | | |