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K. SALY APR 1 0 2017 LAW OFFICES OF

Phillips, Gerstein & Channen, LLP

25 Kenoza Avenue ■ Haverhill, MA 01830
Herbert P. Phillips, P.C.
Tel: (978) 374-1131 ■ Fax: (978) 372-3086
Michael A. Gerstein
Russell S. Channen

April 3, 2017

Lora M. McSherry Jane M. Owens Triano

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Steel Elements International, LLC

Drywall Elements, LLC Our File No. 16-131

Dear Sir/Madam:

Enclosed please find the following:

- 1. Cover Letter for Steel Elements International, LLC along with Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and check in the amount of \$25.00;
- 2. Cover Letter for Drywall Elements, LLC along with Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and check in the amount of \$25.00;

Please file these in your usual manner, returning a stamped copy to the undersigned. Thank you for your assistance in this matter. Should you have any questions, please feel free to call.

Very truly yours,

Russell S. Channen

RSC:gdp Enclosure

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COVER LETTER

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TO: Registration Section		Control of the contro	, m	
Division of Corporations		٠.,	•	
STEELELEMENTS INTER	ŇĬŇĬĬĬŎĬĸĬŎĹ			4.7
SUBJECT:	THE PROPERTY OF THE PARTY OF TH			
Nan	nế ồf Limited	Liability Company	·····································	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	iaa Changa ar	nd fac(a) are submitted t	for filing	
The enclosed Registered Agent/Registered Off	nce Change at	id rec(s) are submitted	or ming.	
Please return all correspondence concerning th	is matter to th	e following:		
RUSSELL S. CHANNEN, ESQUIRE				
Name of Person				
PHILLIPS, GERSTEIN & CHANNEN, L	LP.			
Firm/Company				
25 KENOZA AVENUE				
Address				
Address				
HAVERHILL, MA 01830				
City/State and Zip Code				
·				
rchannen@pgclawoffice.com				
E-mail address: (to be used for future ann	nual report not	ification)		
For further information concerning this matter,	nlease call:			
To rainer mornation concerning this matter.	, picase can.			
Russell S. Channen	, 978	₹ 374-1131		
Name of Person	at () Area Code & Davti	me Telephone Number	
			P	
STREET/COURIER ADDRESS:		AAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations	S	
Clifton Building		P.O. Box 6327	.4.4	
2661 Executive Center Circle	1	Callahassee, Florida 323	14	
Tallahassee, Florida 32301				
Enclosed is a check for the following	amount:			

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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.

2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	419 Riggs Circle	419 Riggs Circle
	Davenport, FL 33897	Davenport, FL 33897
	April 14, 2016	L 16000072324
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agents, Inc.	
). (a)	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STR.) 3030 N. Rocky Point Drive, Ste 150A	
	Tampa	,FL 33607
(L)	Kevin Cormier	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	
	NEW Registered Office Address:	
	419 Riggs Circle	
	Davenport .	, _{FL} 33897
the cha agent v was/wo	inge or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit	e laws of the State of Florida, it is hereby confirmed that after ss of the registered office and the business office of the registered ed liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company. Kevin Cormier
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
-	·	l agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and accept vided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been
to meri notifie	ely reflect a change in the registered office addressed in writing of this change.	s, I nereby confirm that the limited liability company has been

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