## 1160001735416

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	lusiness Entity Name)		
(D	Occument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

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FEB 1 8 2019 S. YOUNG



February 5, 2019

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337

Sincerely.

Jill Probst
Corporate Services Department
National Service Information, Inc
145 Baker St
Marion, Ohio 43302
jill@nsii.net

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOUTHEAST CONCRETE CONSTR	RUCTION, LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
JILL PROBST	
Name of Person	
NATIONAL SERVICE INFORMATION, INC	
Firm/Company	<del></del>
145 BAKER ST	
Address	
MARION, OHIO 43302	
City/State and Zip Code	<del></del>
SMIDDYK@BAKERSHAREDSERVICES.COM	
E-mail address: (to be used for future annua	report notification)
or further information concerning this matter, pla	ease call:
ILL PROBST	740 387-6806 at ( )
Name of Person	Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
B	Checken Production
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

FL015N - 02/16/2016 Wollers Khrwer Online

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED 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)	)	(b)	•
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del>-</del> · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
i.	09/16/2016  Date of filing/registration in Florida	 _ 4.	16000173576  Document number
	• •		***
(a)	Registered Agent and Registered Office shown on the records of WHITESIDE, CLARENCE	the Florida D	ept of State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	<del></del>
	3281 PERIMETER DRIVE		
	LAKE WORTH	33467	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> . NRAI Services, Inc.	Office addre	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FL	33324	
c cha gent v as/we e arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable at authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	the register bility comp f the limite limited liab	red office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company.  Rence Whiteside  Printed or typed name of signee

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

INHS18 (2/14)