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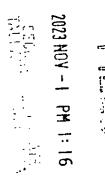
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
NATIONWIDE INSTALLATIONS, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
AARON THALWITZER	
Name of Person	
GORDON & THALWITZER	
Firm/Company	
299 N ORLANDO AVE	
Address	
COCOA BEACH FL 32931	
City/State and Zip Code	
SARAH@NATIONWIDECONSTRUCTIONVENTURES.0	СОМ
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
at (
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$25 Filing Fee	☐ \$55 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.

1. Na	me of the limited liability company: NATIONWIDE II	NSTAI	LATIONS, L	.I.C			
2. (a)	608 HOFFNER AVE	FNER AVE					
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of (Note: MAY BI		-	-
	ORLANDO, FL 32809	_	ORLANI	OO, FL 32809			
	6/21/2017		1.17000134	1848			
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)	AARON THALWITZER, ESQ.						
. ,	Registered Agent and Registered Office shown on the records of 299 N ORLANDO AVE	the Flori	da Dept. of Sta	ite:			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	SS)	_	_ i	21	
	COCOA BEACH , FI.	32931		_	ALL TH SECH	2023 NOY	<u>—[1]</u>
(b)	C T CORPORATION SYSTEM			_	•••	1	
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	iddress:		:	PH	<u>1</u> <u>∏ [</u>
	1200 SOUTH PINE ISLAND ROAD			_	; ; ; <u>; ;</u> ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1: 16	السي
	NEW Registered Office Address:				ं रेस्		
	PLANTATION .FI	33324		_			
change agent v was/we the arti	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liastre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the function of a member or authorized representative of a member	registenbility of the li limited	red office at company, it i mited liabili	nd the business of is hereby confirm ty company or a mpany.	office of the med that the as otherwise	e regist e chang e provid	ered gc(s)
	fure of a member or authorized representative of a member by accept the appointment as registered agent and agri	pp to A	ct in this co	• •	-		oith tha
provisi the obl to mere	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have I'm writing of this change.	ee to a perfori l for in tereby	nance of my Chapter 60, confirm that	duties, and Lan 5, F.S. Or, if th the limited liab	n familiar v is documen illity compa	ompry vith and it is beinny has	viin ine d accepi ng filed been
Signatu	re of Registered Agent						